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TRANSPORTATION SCIENCES CENTER
ACCIDENT RESEARCH GROUP

Calspan SRL Corporation
Buffalo, New York 14225

CALSPAN ON-SITE AIR BAG DEPLOYMENT INVESTIGATION

CALSPAN CASE NO. 94-23

VEHICLE #1 - 1993 CHEVROLET CORSICA LT (AIR BAG-EQUIPPED)
VEHICLE #2 - 1986 CHEVROLET CELEBRITY STATION WAGON

LOCATION - STATE OF MASSACHUSETTS
CRASH DATE - [redacted], 1994

Contract No. DTNH22-94-D-07058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

1. *Report No.* 94-23	2. *Government Accession No.*	3. *Recipient's Catalog No.*	
4. *Title and Subtitle* Calspan On-site Air Bag Deployment Investigation Vehicle #1 - 1993 Chevrolet Corsica LT Vehicle #2 - 1986 Chevrolet Celebrity Station Wagon Location - State of Massachusetts		5. *Report Date*: [redacted] 1997 6. *Performing Organization Code*	
7. *Author(s)* Accident Research Group		8. *Performing Organization Report No.*	
9. *Performing Organization Name and Address* Transportation Sciences Center Accident Research Group Calspan SRL Corporation P.O. Box 400 Buffalo, New York 14225		10. *Work Unit No.* [redacted] 11. *Contract or Grant No.* DTNH22-94-D-07058	
12. *Sponsoring Agency Name and Address* U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590		13. *Type of Report and Period Covered* Technical Report Crash Date: March , 1994 14. *Sponsoring Agency Code*	

15. *Supplementary Notes*
On-site investigation of an air bag deployment crash that resulted in the separation of the air bag module from the steering wheel during the air bag deployment sequence. The driver received burns from the air bag exhaust generant.

16. *Abstract*

An on-site investigation was conducted into a two vehicle crash involving the front of an air bag equipped 1993 Chevrolet Corsica LT four door sedan (Vehicle #1) and the rear of a 1986 Chevrolet Celebrity station wagon (Vehicle #2). The crash occurred Wednesday, [redacted], 1994 at 14:43 hrs. The ambient condition at the time of the crash was sunny with no adverse weather conditions. Vehicle #1 was traveling north on a two lane, undivided, positive 1.7 percent slope, dry, asphalt roadway when it struck the rear end of Vehicle #2 which was stopped in the northbound travel lane while attempting to make a left turn into her driveway.

The Chevrolet Corsica LT sustained a CRASH 3 calculated delta V of 22 km/h (14 mph) which was sufficient to activate the supplemental restraint system and deploy the driver side air bag. During the deployment sequence, the air bag module flaps opened in the typical "H" configuration and the air bag began to inflate. The air bag inflator unit, however, experienced a failure of the igniter weld land which caused a fracture of the inflator base adjacent to the igniter canister. This failure released gas generant (i.e., sodium azide pellets and hot gases from the inflator module into the vehicle interior. The escaping gas applied a thrust to the rear of the air bag module which subsequently pulled free from the hold down clinch nuts located in the steering wheel hub. The module rotated spraying the driver, the left front door surface, windshield, and the roof liner with hot exhaust gases and gas generant.

There were four occupants in Vehicle #1 at the time of the crash which included: a restrained 20 year old male driver who suffered burns of both wrists, right forearm, right hand; an unrestrained 15 year old female seated in the right front seat who suffered a laceration of the nose, forehead, and upper lip; an unrestrained 16 year old female seated in the left rear seat position was not injured; and an unrestrained 16 year old female in the right rear seat who suffered contusions of the right lower leg.

Vehicle #2 sustained a delta V of 22 km/h (14 mph). The driver suffered pain in the left shoulder and neck.

17. *Key Words* Supplemental Inflatable Restraint (SIR) System Air bag module separation/ igniter weld land separation Exhaust gases/ gas generant Frontal impact Delta V 22 km\h (14 mph) AIS-1 (minor)		18. *Distribution Statement* General Public	
19. *Security Classif. (of this report)* Unclassified	20. *Security Classif. (of this page)* Unclassified	21. *No. of Pages*	22. *Price*

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CALSPAN AIR BAG INVESTIGATION

CALSPAN CASE NO. 94-23

VEHICLE - 1993 CHEVROLET CORSICA LT

LOCATION - STATE OF MASSACHUSETTS

[redacted], 1994

An on-site investigation was conducted into a two vehicle crash involving the front of an air bag equipped 1993 Chevrolet Corsica LT four door sedan (Vehicle #1) and the rear of a 1986 Chevrolet Celebrity station wagon (Vehicle #2) after it was discovered in a local newspaper article by a National Highway Traffic Safety Administration (NHTSA) Region I official and forwarded to the NHTSA headquarters in Washington, D.C. The newspaper article stated, "Police said the air bag in the other car (i.e., Vehicle #1) inflated and caught fire, burning the driver's legs. The fire was out before emergency crews arrived."

The Calspan Special Crash Investigation Team was notified by NHTSA and conducted an on-scene investigation two days after notification which was 19 days after the crash. The vehicle was impounded by the police in a secured fenced tow yard pending this investigation. The vehicle was locked with interior components isolated from the weather.

Vehicle #2 was released to an out-of-area insurance designated salvage facility. The insurance company and salvage/auction facility were contacted during the on-site investigation and extended full cooperation with this investigation.

SUMMARY

Vehicle #1 (1993 Chevrolet Corsica LT four door sedan) was traveling north on a two lane, undivided, straight, positive 1.7 percent slope, dry, asphalt roadway when it struck the rear of Vehicle #2 which was stopped in the northbound travel lane while yielding to a pedestrian pushing a baby carriage north along the west side sidewalk prior to attempting a left turn into her driveway. While yielding to the pedestrian's travel path, the front wheels of Vehicle #2 were turned to the left in anticipation of entering the driveway. The ambient condition at the time of the crash was sunny with no adverse weather conditions.

Vehicle #1 was traveling at the posted speed of 48 km/h (30 mph). There were three passengers in his vehicle who were conversing and listening to the radio. The driver indicated he was not aware of Vehicle #2 until just prior to the crash.

When the Driver#1 noticed the presence of Vehicle #2, he applied full brakes and reportedly attempted to steer right in an effort to avoid the crash. There were no pre-impact skid marks detected for Vehicle #1 due to the anti-lock braking system (ABS). The position of Vehicle #1 at the final rest position (FRP) indicated the driver's evasive steering input was minimal.

The driver of Vehicle #2 was reportedly focused on the movement of the pedestrian and was not aware of Vehicle #1's approach prior to the crash. Consequently, the driver of Vehicle #2 did not initiate any avoidance actions.

The point of impact (POI) occurred 5.8 m (19.3') south of Vehicle #2's driveway. The impact pushed Vehicle #2 forward and across the southbound travel lane in a counterclockwise rotation. It came to the FRP with the rear plane positioned in the southbound travel lane and the front of the vehicle in the driveway. Vehicle #2's heading angle at the FRP was 105 degrees counterclockwise from it heading angle at POI.

Vehicle #1 traveled 12.7 m (42.3') from POI to FRP. It came to FRP in a 6 degree clockwise direction referenced to its heading angle at POI. The frontal plane of the vehicle was located 2.8 m (9.3') north of Vehicle #2's driveway at the FRP.

Vehicle #1 was a 1993 Chevrolet Corsica LT four door sedan with 31,359 kilometers (19,486 miles). The vehicle identification number (V.I.N.) was 1G1LT5341PY(serial # omitted). The vehicle was purchased by the driver from an area dealership on [redacted], 1994 who in turn purchased it from an auction house in [redacted] 1993. Records provided by the auctioneer to the dealership indicated the vehicle was originally owned by a rental car company. Additionally, Massachusetts' law requires auction houses to provide full disclosure of any vehicle repair in excess of three hundred dollars. The dealership reported that there were no outstanding repairs listed by the auction house prior to sale.

There were four occupants in Vehicle #1 at the time of the crash. The driver, a 20 year old male who was 180 cm (71") tall and weighed 111 kg (245 lb), was restrained by the three point lap and torso manual restraint belt which was worn snug against his chest. The right front seat occupant, a 15 year old female who was 165 cm (65") tall and weighed 54.4 kg (120 lbs), was not restrained by the available three point manual restraint belt. A 16 year old female sitting in the left rear seat position was not wearing the available three point manual lap and torso belt. The right rear occupant, a 16 year old female, was not wearing the available three point manual lap and torso belt.

Driver#1 sustained burns of the both thighs, right forearm, and both hands, laceration of the chin, a contusion of the left shoulder from the crash. The right front passenger in Vehicle #1 sustained lacerations of the forehead, nose and upper lip while the right rear passenger suffered pain of the right knee. The left rear passenger was not injured. Driver #2 suffered pain of the neck and left shoulder.

The police responded within five minutes and directed traffic. The town nurse was among the first on the scene and assisted the right front passenger of Vehicle #1. Ambulance support and emergency medical technicians (EMT) also arrived at the scene within five minutes and transported crash victims to a local medical facility where they were treated and released.

Air bag deployment sequence

The 1993 Chevrolet Corsica LT sustained a CRASH 3 calculated delta V of 22 km/h (14 mph) which was sufficient to activate the Supplemental Inflatable Restraint System (SIR) and deploy the driver side air bag. During the deployment sequence, the air bag module flaps opened in the typical "H" configuration as the air bag began to expand. As the SIR generant process

continued, the air bag inflator unit experienced a failure of the igniter weld land. This failure resulted in the bulging of inflator unit and the resulting fracture of the inflator base section (refer to photographs #47, #48 on page A-24).

The fracture site provided an abnormal release path for air bag gas generant which bypassed the inflator diffuser screens and allowed direct venting into the vehicle interior. The escaping gas applied a thrust to the rear of the air bag module which resulted in the separation of the module from the hold down clinch nuts located into the steering wheel hub. As the clinch nuts extruded through the module mounting plate, the module moved rearward toward the driver spewing hot gases and air bag gas propellants into the vehicle interior. This was evidenced by the concentration of dark dots associated with generant pellets on the inside of the windshield with the heaviest concentration located directly above the steering wheel (see photographs #20, #21 on pages A-10, A-11).

It appeared the air bag module continued to move toward the driver with the bottom area rotating upward and the left side moving toward the in-board side of the vehicle, exposing the driver and interior components to gases which were exiting the fractured base section of the inflator unit. This movement resulting in the singeing of the driver's clothes (primarily his pullover shirt), his eyebrow, facial and head hair, and the driver's door surface.

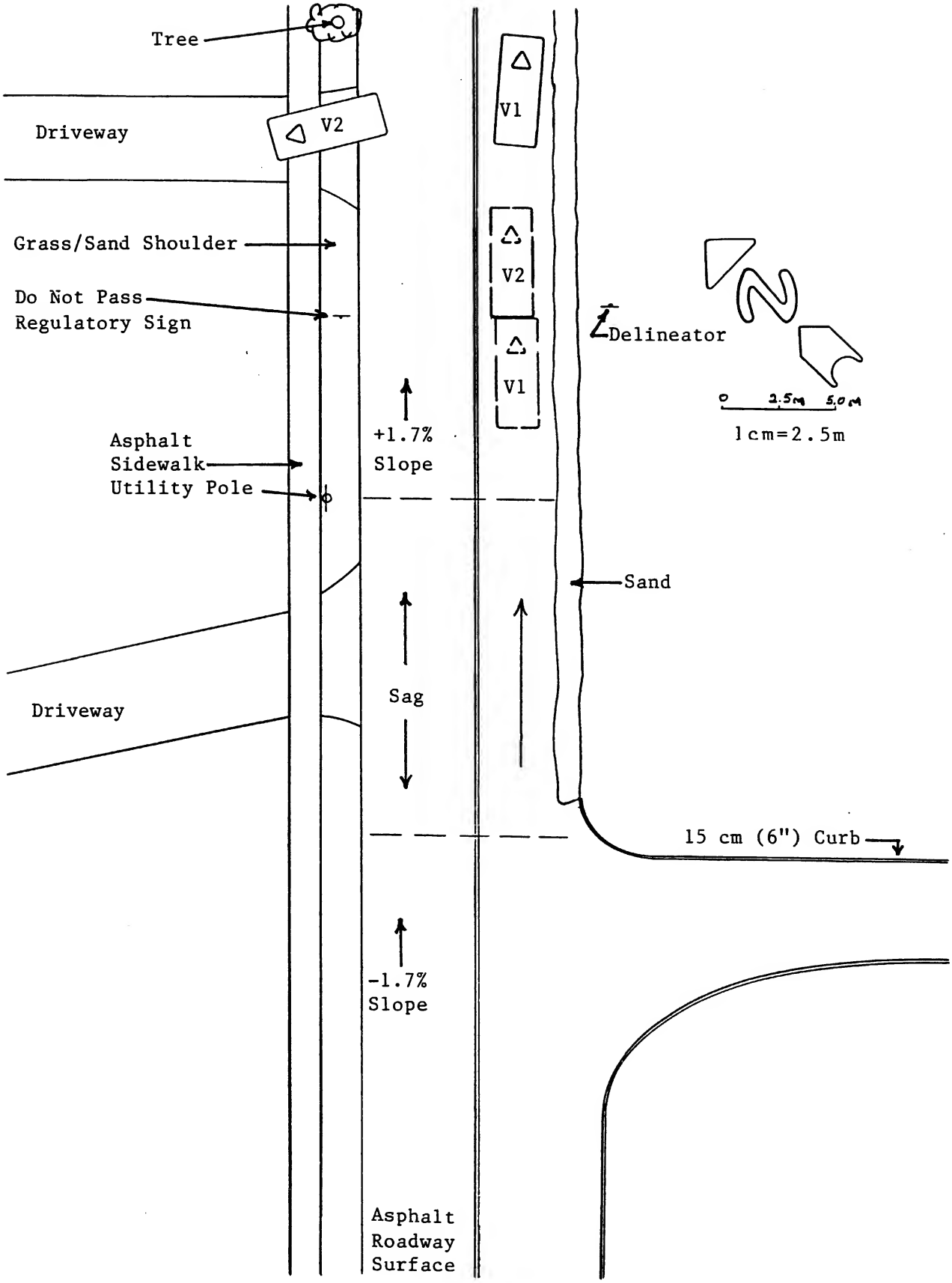
During the course of the module's flight path, generant pellets exited the rear of the fractured inflator module and contacted interior components including: the left door surface (refer to photographs #64 - #66 on pages A-32, A-33); the windshield; the roof fabric [noted by the BB size burn marks that began near the center windshield header and extended in a fan pattern into the right seat area (refer to photographs #50, #51 on pages A-25, A-26)]; the driver's seat cushion; and the left front floor mat. The left front window was in the full open position at the time of the crash which may have allowed some of the exhaust gases and generant debris to escape the vehicle. The air bag module landed on the floor console between the front bucket seats with the air bag surface facing upward.

The driver reported seeing a flash (a flash he described as similar to that produced by a shot gun) around the steering wheel at the time of the crash which he attributed to the air bag deployment. However, it was theorized this "flash" may have been the driver's momentary view of the air bag as it began to expand.

The driver indicated he noticed red embers falling from the steering wheel hub which landed on his lap. An examination of the driver's cotton pants and lower portion of the his pullover shirt revealed several burn holes which several were of BB size. Three large holes were noted above the crouch area in the pants and left of the zipper in which two holes measured 1.3 cm (0.5") in diameter and the third measured 0.48 cm (0.19") in diameter. These holes exhibited a surrounding dark ring burn pattern (refer to photographs #79, #80 on page A-40).

A "V" shaped pattern in the center of the driver's seat cushion along the leading edge of the seat and measuring 10.1 cm (4.1") laterally and 17.8 cm (7.0") longitudinally contained a concentration of BB size burn marks from discharged inflator generant. The floor mat just beneath the steering wheel exhibited a 1.9 cm (0.8") burn mark where the fibers were melted by generant pellets which dropped down from the steering wheel hub (refer to photographs #33, #35, #36 on pages A-17, A-18).

Crash Scene Schematic
Calspan Case No. 94-23



CRASH DATA	
Location:	2 lane state route
State:	State of Massachusetts
Area/Type:	Urban/residential
Investigating Police Agency:	Local Police Department
Accident Type:	Two vehicle front to rear collision
Air Bag Vehicle Driver Injury Severity:	AIS-1
AMBIENCE	
Viewing Conditions:	Daylight
Weather:	Clear/sunny
Road Surface:	Dry
HIGHWAY	
Type:	State route
Number Of Lanes:	2
Width:	8.5 m (28.3')
Surface:	Asphalt
Median:	None
Edge:	East edge - 1.2 m (4.0') loose sand West edge - 1.7 m (5.6') loose sand and grass
Vertical Alignment:	1.7 percent slope
Horizontal Alignment:	Straight
Estimated Coefficient Of Friction:	0.75
Traffic Density:	Moderate
TRAFFIC CONTROLS	
Signals:	None

Signs:	None
Markings:	Full barrier yellow center lines with no road edge lines
Speed Limit:	48 km/h (30 mph)
VEHICLE #1 DESCRIPTION	
Description:	1993 Chevrolet Corsica LT, 4 door sedan
V.I.N.:	1G1LT5341PY (production number deleted)
Color:	Red
Odometer:	31,358 kilometers (19,486 miles)
Engine:	2.2 L
Transmission:	3 speed automatic
Steering:	Power
Brakes:	Power assisted anti-lock brakes (front disc and rear drum)
Padding:	Upper and mid instrument panel, soft edge steering wheel rim and air bag module cover, door panels, door arm rests, center console arm rest, seats, roof liner, sunvisors
Active Restraints:	3-point lap and torso belts in the four outboard seating positions, 2-point lap belt in center rear seat
Passive Restraints:	Driver's side air bag Supplemental Inflatable Restraint (SIR) system that deployed as a result of the impact with Vehicle #2
Defects:	The air bag module separated from the steering wheel hub during the deployment sequence as the result of an igniter weld land failure in the air bag inflator
Tow Status:	Towed due to damage to a secured storage facility

VEHICLE #2 DESCRIPTION	
Description:	1986 Chevrolet Celebrity station wagon
V.I.N.:	1G1AW35X0GG(Serial # omitted)

Color:	Dark blue
Odometer:	120220 km (74,703 miles)
Engine:	2.8 L
Transmission:	4 speed automatic
Steering:	Power
Brakes:	Power assisted front disc and rear drum brakes
Padding:	Upper and mid instrument panel, soft edge steering wheel rim, door panels, door arm rest, seats, roof liner, and sunvisor
Active Restraints:	3-point lap and torso belts in the front seat out board positions, lap belts in the center front seat and the three rear seats
Passive Restraints:	None
Defects:	None
Tow Status:	Towed from the scene due to damage

VEHICLE DAMAGE

Vehicle #1

Exterior Damage

The frontal plane of the 1993 Chevrolet Corsica LT (Vehicle #1) impacted the rear of 1986 Chevrolet Celebrity station wagon (Vehicle #2) which was stopped in the travel lane while waiting to make a left turn into a residential driveway. Vehicle #1 struck Vehicle #2 at an impact speed of 41 km/h (26 mph) which was calculated by the CRASH3 speed reconstruction program. Direct contact on Vehicle #1 began at the left front bumper corner and extended 129.5 cm (51.0") across the frontal plane. The impact displaced the frontal structure rearward resulting in the following crush values:

Front Bumper Crush:	C_1=13.3 cm (5.2")	C_4=6.4 cm (2.5")
	C_2=9.5 cm (3.8")	C_5=4.5 cm (1.8")
	C_3=8.3 cm (3.2")	C_6=5.0 cm (2.0")

Front Bumper Reinforcement Bar Crush:	C_1=17.8 cm (7.0")	C_4=13.7 cm (5.4")
	C_2=14.7 cm (5.8")	C_5=12.2 cm (4.8")
	C_3=13.7 cm (5.4")	C_6=1.3 cm (0.5")

Components damaged in the crash included the grille, bumper covering, bumper reinforcement bar, hood, both front fenders, radiator, left headlight, and both turn directional lights. The windshield was cracked by the right front occupant (refer to photograph #41). The right wheelbase was reduced in length by 1.6 cm (0.7"). The front bumper energy absorption devices (EAD) compressed during the crash with 5.4 cm (2.1") measured on the left EAD and 5.2 cm (2.0") measured on the right EAD. Both EADs returned to full restitution. Maximum crush to the bumper was 17.8 cm (7.0") which was located at C1 (i.e., the left front bumper corner). The bumper was deflected downward 14.6 cm (5.8").

CDC: 12-FDEW-1

Repair Cost: The police accident report listed damage as exceeding $1000.00. The owner indicated the insurance company evaluated the severity of the damage and ruled the vehicle was not repairable. The vehicle was sent to a salvage yard and the owner reimbursed with an undisclosed buy out price.

Interior Damage

Interior damage to the Chevrolet Corsica LT was associated with the air bag deployment and occupant contacts. The air bag module cover opened along the designed seam lines in the typical "H" pattern configuration. During the deployment sequence, the igniter weld land inside the inflator unit failed which caused the inflator housing (i.e., the base and diffuser surfaces) to deform outward (i.e., bulge) from its original shape.

During the bulging event, the base surface of the inflator fractured and released sodium azide pellets and inflation gases into the vehicle interior (refer to photographs #46 - 48 on pages A-23, A-24). The air bag module pulled free from the attaching clinch nuts located in the steering wheel hub and landed on the center console between the front bucket seats (refer to photographs #37, #38 on page A-19). A concentration of dark dots associated with generant pellets was noted on the inside of the windshield with the heaviest concentration noted directly above the steering wheel (see photographs #20, #21 on pages A-10, A-11). The left front door panel was singed by air bag exhaust gas in an area measuring 27.9 cm (11.0") horizontally that began 29.2 cm (11.5") rear of the instrument panel and 17.8 cm (7.0") vertically down from the window sill (refer to photographs #63 - #65 on pages A-32, A-33).

Burn marks in the driver's door side panel below the door arm rest resembled the size of BB shot and were associated with discharged sodium azide pellets (refer to photograph #66 on page A-33). This area was located 10.2 cm (4.0") rear of the instrument panel and extended 15.2 cm (6.0") along the horizontal surface.

The driver's seat cushion exhibited a "V" shaped burn mark pattern which measured 10.2 cm (4.0") along the front edge of the cushion and extended rearward 17.8 cm (7.0"). This pattern occurred as air bag propellent dropped from the steering wheel area during the module separation and reflected the presence of the driver's legs which prevented a wider distribution of propellent debris on the seat cushion.

A sample of generant debris observed in the recessed area of the steering wheel hub (i.e., the space formerly occupied by the air bag module) was removed and analyzed for chemical composition. The primary agent detected was sodium oxide-hydroxide.

A 2.5 cm (1.0") diameter burn mark was noted on the driver's side floor mat directly below the steering wheel. This burn mark was the result of air bag propellent debris which fell from the recessed area in the steering wheel hub.

Black burn marks the size of BBs were noted to in the roof liner which began near the windshield header in the center of the vehicle and extended 99 cm (39") rearward into the right rear seat area. The pattern was 22.9 cm (9.0") wide near the windshield header and widened to 30.5 cm (12.0") in the right rear seat area.

The right front sunvisor, windshield, and instrument panel were damaged by the unrestrained right front occupant during the collision sequence. There was a 2.5 cm (1.0") by 6.4 cm (2.5") striated scuff mark in the fabric of the right sunvisor which was associated with contact by the occupant's head. The windshield glazing was cracked and there were hair fibers embedded in the glazing 35.0 cm (13.8") right of the vehicle centerline and 45.7 cm (18.0") above the instrument panel. This damage was attributed to contact by the right front occupant's head and face. Eyelash mascara was located directly below this contact and located 38.1 cm (15.0") above the instrument panel. A 3.8 cm (1.5") wide tissue transfer from the occupant's face was located 33.8 cm (13.3") above the instrument panel.

A 8.4 cm x 7.6 cm (3.3" x 3.0") indentation of the mid instrument panel was located 30.5 cm (12.0") right of the vehicle centerline. This was the result of contact by the right front occupant's torso. The glove compartment door sustained a 3.8 cm (1.5"0) indentation as the result of contact by the occupant's right knee. This was located 41.9 cm (16.5") right of the vehicle centerline.

The right rear lower area of the right front head rest exhibited a 12.7 cm x 5.0 cm (5.0" x 2.0") light colored bodily fluid transfer mark which was attributed to contact by the face of the right rear occupant. A 3.8 cm (1.5") light color transfer mark was noted on the roof fabric which was located 96.5 cm (38.0") rearward of the windshield header and 12.7 cm (5.0") right of the vehicle centerline (refer to photograph #52 on page A-26). This was attributed to contact by the right rear occupant.

The steering column shear plate was displaced forward 0.5 cm (0.2") at each shear capsule. There was no deformation of the steering wheel rim. There was a heavy white residue on the steering wheel from air bag generant and air bag packaging powder.

Vehicle #2
Exterior Damage

The 1986 Chevrolet Celebrity station wagon sustained an 84 percent rear plane direct contact overlap pattern which began 54.6 cm (21.5") left of the vehicle centerline and extended 137.2 cm (54.0") to the right rear bumper corner. Maximum crush of 26.4 cm (10.4") was located along the bottom edge of the bumper and 22.9 cm (9.0") left of the centerline. The impact displaced the rear structure forward as shown by the following crush values:

Rear Bumper Crush:	C_1=4.5 cm (1.9")	C_4=16.5 cm (6.5")
	C_2=5.0 cm (2.0")	C_5=10.6 cm (4.2")
	C_3=16.8 cm (6.6")	C_6=5.1 cm (2.0")

Exterior damaged components to this vehicle included the rear bumper, tailgate, backup lights, roof structure, and both rear doors. The top portion of both rear door window frames were displaced outward by the deformation of the vehicle's roof. The bumper was deflected downward 29.2 cm (11.5") resulting in an incremental vertical shift value of 40. The rear tires were restricted by the side fender panels that were displaced forward by the impact (refer to photograph #92 on page A-46).

CDC: 46-BDEW-2.

Repair cost: The police accident report listed damage as exceeding $1000.00. The owner indicated the insurance company evaluated the severity of the damage and ruled the vehicle was not repairable. The vehicle was sent to a salvage yard and the owner reimbursed with an undisclosed buy out price.

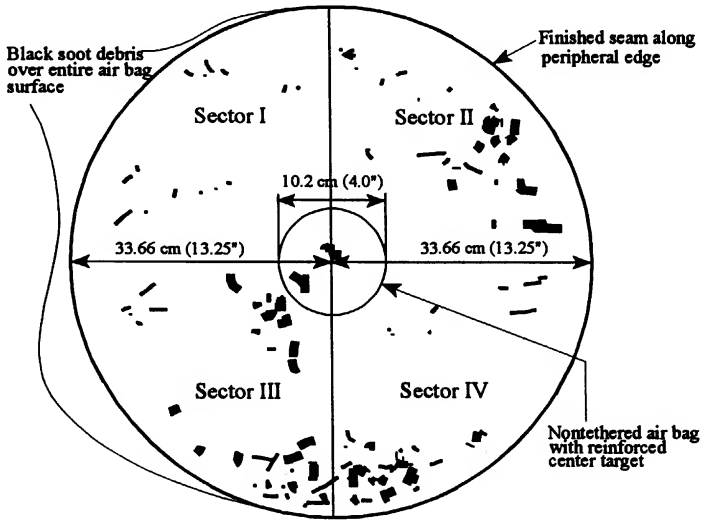
Interior Damage

The interior damage to Vehicle #2 was primarily related to the rearward deformation of the driver's seat back support and the deformation of the rear cargo area floor. The driver's upper torso moved rearward in response to the impact force and deformed the seat back support rearward 25 degrees from its original position. The floor of the rear cargo area was pushed forward with a resulting upward deformation pattern.

SUPPLEMENTAL INFLATABLE RESTRAINT SYSTEM (SIR)

The driver air bag measured 67.3 cm (26.5") in diameter with a 10.2 cm (4.0") reinforced center target area. The bag was nontethered and was designed with two 1.3 cm (0.5") diameter vent ports located in the 1 o'clock and 11 o'clock position along the instrument panel side of the air bag. The surface of the air bag (i.e., the side facing the driver) was "peppered" with soot

marks with the heaviest concentrations located on the lower portion of the bag. This area of concentration continued along the bottom seam and onto the instrument panel side of the bag in an area which measured 7.6 cm (3.0") vertically and 48.3 cm (19.0") laterally (refer to the following figure and photograph #44 on page A-22.).



Nontethered Air Bag

The air bag identification number was:

POT [redacted]
TIC
Lot

During the air bag deployment sequence, the air bag module separated from the four mounting clinch nuts located in the steering wheel hub and came to rest on the center console between the front seat cushions. The mounting clinch nuts pulled through the metal backing plate of the module producing 1.3 cm (0.5") holes with outward projecting metal fragmented edges. The identification number attached to the module backing plate was: [redacted]

The metallic protective cover plate over the squib initiator assembly located on the back side of the module was separated from the unit at three of the four hold down rivets. The remaining attachment point was located in the upper right corner of the inflator housing (refer to photographs #46 - #48 on pages A-23, A-24). An imprint from the steering wheel attachment nut and bolt was noted on the cover plate. This imprint occurred when the base of the inflator began to bulge and subsequently pressed the cover plate against the steering nut and bolt. The imprint of the nut was located 3.5 cm (1.4") down from the top of the cover plate and the imprint of the bolt was located 2.5 cm (1.0") down from the top of the plate. The identification number attached to cover plate was: [redacted]

The inflator housing which measured 10.80 cm x 10.80 cm (4.25" x 4.25") remained attached to the module backing plate by all four rivets. The inflator identification number attached to the lower portion of this unit was [redacted]

The fractured part of the inflator base which contained the squib measured 7.0 cm (2.75") in diameter. Two electrically lead wires (white and green) were attached to squib as shown in photograph #46 on page A-23. The identification number embossed below the squib was: G55075D1699. A radial fracture line was located at the bottom perimeter of the fracture part and extended inward where it split into opposing directions, encircling 55 percent of the squib. The fracture sites and adjacent metallic areas were darker in color which was attributed to deposits from escaping generant debris.

The air bag module measured 30.5 cm (12.0") in width and 15.9 cm (6.3") in height. The module flaps separated along the predesignated tear lines where the upper flap measured 6.4 cm (2.5") vertically from the common parting seam line with the lower flap and 50.0 cm (7.8") from the left to right vertical tear lines. The lower flap measured 5.1 cm (2.0") vertically from the common parting seam line to the bottom and 50.0 cm (7.8") from the left to right vertical tear lines. The flap thickness measured 3.0 mm (0.125") and the fluted vinyl spacer thickness measured 13.0 mm (0.5") (refer to photograph #45 on page A-23).

The steering hub which housed the air bag module had a heavy concentration of air bag generant which was primarily located on the bottom portion of the recessed mounting area (refer to photographs #37, #38 on page A-19). The top of the steering wheel hub separated into a triangular shaped area during the module separation sequence (refer to photograph #37 on page A-19). It measured 16.5 cm (6.5") along the lateral edge of the steering wheel hub top and 5.7 cm (2.3") toward the instrument panel. The 1.3 cm (0.5") steering wheel bolt was located 9.2 cm (3.6") above the bottom recessed area of the steering hub. The left side of the steering hub was cracked vertically beginning at the top and extending 8.9 cm (3.5") downward. The left and right side horn wire harnesses separated from the air bag module during the module separation sequence.

The steering wheel rim was not deformed during the crash events. The steering column shear plate at both the left and right shear capsules was displaced 0.5 cm (0.2") forward.

VEHICLE VELOCITY ESTIMATES

	Vehicle #1	**Vehicle #2**
Travel Speed:	48 km/h (30 mph) estimated by driver	Stopped
Impact Speed:	41 km/h (26 mph)	0 km/h (0 mph)
Total Delta V:	22 km/h (14 mph)	22 km/h (14 mph)
Longitudinal Delta V:	-22 km/h (-14 mph)	22 km/h (14 mph)
Lateral Delta V:	0 km/h (0 mph)	0 km/h (0 mph)
Energy Absorption:	25,156 joules (18,551 ft/lb)	31,930 joules (23,548 ft/lb)

COLLISION SEQUENCE

Pre-crash:

The driver of Vehicle #1 had picked up the three occupants at high school and was transporting them to their residence. The driver said they were listening to the radio and chatting when he traveled around a left curve at an estimated speed of 48 km/h (30 mph). The roadway changed to a straight segment when the driver suddenly noticed Vehicle #2 stopped in his travel lane waiting make a left turn into a driveway. The transition point where the roadway changed from the curve to the straight section was approximately 91 m (300') from the POI. Driver #2 said she was stopped with the front wheels turned to the left and waiting for a pedestrian on the sidewalk who was pushing a baby carriage to clear her driveway before making the left turn.

Driver #1 applied the brakes in a panic stop maneuver and attempted to steer right. The driver said the brake pedal began to chatter which he attributed to the function of the ABS. There were no pre-impact skid marks noted at the scene. The orientation of his vehicle at the FRP indicated the steering input was marginal.

Crash:

Vehicle #1 struck the rear of Vehicle #2 at an impact speed of 41 km/h (26 mph). This resulted in a CRASH 3 computed delta V of 22 km/h (14 mph) which was sufficient to initiate the air bag deployment sequence. As the driver air bag began to expand, the air bag inflator housing fractured releasing generant propellent into the vehicle interior. The air bag module disengaged from its mounting bolts and moved upward and to the right. The air bag module landed on the front center console between the front bucket seats.

The driver moved forward and loaded against the torso belt . The unrestrained right front occupant contacted the right instrument panel and windshield. The unrestrained rear seat occupants also moved forward and contacted the front seat back supports.

The driver of Vehicle #2 moved rearward in response to the impact force and deformed the seat back support rearward. Vehicle #2 then traveled across the on-coming travel lane and came to the FRP partially in her driveway and partially in the travel lane. Vehicle #2 sustained a CRASH3 computed delta V of 22 km/h (14 mph).

Post Crash:

Final Rest - Vehicle #1 came to rest in the northbound travel lane in a 6 degree clockwise rotation as referenced to its heading angle at point of impact (POI). Vehicle #1 traveled 12.7 m (42.3') from POI to FRP. The frontal plane of the vehicle was located 2.8 m (9.3') north of Vehicle #2's driveway at the FRP.

Vehicle #2 was pushed forward and subsequently traveled across the southbound travel lane in a counterclockwise rotation. It entered the driveway apron and came to the final rest position

(FRP) with the rear plane positioned in the southbound travel lane and the front of the vehicle in the driveway. Vehicle #2's heading angle at FRP was rotated 105 degrees counterclockwise from it heading angle at POI.

Driver Activities - The driver of Vehicle #1 observed smoke in the vehicle and felt a burning sensation on his legs from red embers that had fallen from the steering wheel hub. He also felt a burning sensation under his chin which he claimed was from a small particle which stuck to his skin. He brushed the particle off with his hand where it fell to the floor.

The driver released his restraint belt and attempted to open his door which was partially restricted by the rearwardly displaced left front fender. As a consequence, the door sprung back and contacted the driver in the face, resulting in a through and through laceration of his lip. The driver was able to exit the vehicle after a second attempt and was walking around when rescue arrived.

The other three occupants in Vehicle #1 exited through their respective doors without assistance. They were alarmed by the heavy concentration of smoke in the vehicle and were under the impression a fire had started in the vehicle interior.

The driver of Vehicle #2 remained in her vehicle until rescue arrived. She was removed from the vehicle after protective devices were affixed to her body (e.g., soft neck collar, backboard, etc.).

Police Activities - The crash occurred on a very busy segment of the roadway near the town hall offices and library. The police responded within five minutes and directed traffic while rescue treated the injured. They photographed both vehicles at their final rest positions (refer to photographs #9 - #11, #31 on pages A-5, A-6, A-16) and the driver of Vehicle #1 during first aid treatment in the ambulance (refer to photographs #71, #72 on page A-36).

Rescue Activities - The town nurse was among the first on the scene and assisted the right front passenger of Vehicle #1 who was bleeding from the face. Ambulance support and EMTs also arrived at the scene within five minutes and transported all parties to a local medical facility where they were treated and released.

HUMAN FACTORS/ OCCUPANT DATA

Vehicle #1	Driver	Right Front	Left Rear	Right Rear
Age/Sex:	20 yr. old male	15 yr. old female	16 yr. old female	16 yr. old female
Height:	180 cm (71")	165 cm (65")	Unknown	Unknown

Vehicle #1	Driver	Right Front	Left Rear	Right Rear
Weight:	111 kg (245 lb)	54.4 kg (120 lb)	Unknown	Unknown
Manual Restraint System Usage:	Wearing the available manual 3-pt. lap and torso belt	Not wearing the available manual 3-pt. lap and torso belt	Not wearing the available manual 3-pt. lap and torso belt	Not wearing the available manual 3-pt. lap and torso belt
Usage Source:	Vehicle inspection, interview, police report, belt impression in clothing	Vehicle inspection, police report, interview	Vehicle inspection	Vehicle inspection, police report, interview
Eyewear:	None (Corrective lenses not required)	Not wearing framed glasses	Unknown	Unknown
Vehicle Familiarity:	Purchased vehicle 41 days prior to the crash			
Route Familiarity:	Familiar with the area, traveled daily			
Trip Plan:	Transporting passengers from school to residence			
Type of Medical Treatment:	All passengers in Vehicle #1 were transported to a local hospital where they were treated and released			

Vehicle #2	Driver
Age/Sex:	40 yr. old female
Height:	167.6 cm (66.0")
Weight:	63.5 kg (140.0 lbs)
Manual Restraint System Usage:	Wearing the available 3-pt. manual lap and torso belt
Usage Source:	Vehicle inspection, police report, interview
Eyewear:	Unknown

Vehicle Familiarity:	Original owner
Route Familiarity:	Very familiar, grew up on the street, traveled daily
Trip Plan:	Returning to residence
Type of Medical Treatment:	Transported to a local hospital where the driver was treated and released

INJURY DATA

INJURIES DRIVER OF VEHICLE #1	INJURY SEVERITY (AIS-90)	SOURCE
1. Second degree burn on the right inner medial thigh. Second degree burn of the left thigh. First and second degree burns over the dorsum aspect of the right hand. No involvement of the central aspect. Burn of the right forearm. First and second degree burn over the left hand. These were non-circumferential and involved a smaller area than on the right hand.	992006.10	Air bag generate/air bag exhaust gases
2. Small cut under chin from an object that stuck to skin.	290602.18	Fragment from the sodium azide pellet
3. Hematoma developing on left anterior shoulder.	790402.12	Torso belt of the 3-pt. manual belt system
4. Laceration through and through of lower lip	Not coded	Related to post crash egress activities where the driver's door sprung back into the driver's face

INJURIES DRIVER OF VEHICLE #1	INJURY SEVERITY (AIS-90)	SOURCE
5. Singe hair of nares, eye lashes, hair sticking out of baseball cap worn backwards over forehead.	Not coded	Air bag exhaust gases

RIGHT FRONT PASSENGER		
1. Deep small (0.5") laceration of nose.	290602.10	Windshield
Lacerations of forehead over right eye.		Windshield
Small laceration under nose.		Windshield
Laceration of upper lip.		Windshield
LEFT REAR PASSENGER		
Not injured	N/A	N/A
RIGHT REAR PASSENGER		
1. Pain of the right knee	Not codeable	Front seat back rest

DRIVER OF VEHICLE #2		
1. Neck pain	Not codeable	Impact forces
2. Left shoulder pain	Not codeable	Seat back rest

OCCUPANT KINEMATICS

Driver of Vehicle #1

The driver was seated with his back against the seat back rest, left hand on the steering wheel rim at the 10 o'clock position and his right foot on the brake pedal at the time of the crash. The seat was adjusted to the full rear seat position. Although he claimed to have extended his right arm in an effort to restrain the right front occupant prior to the crash, burn injuries to his right hand and forearm indicated his hand was in the vicinity of the steering wheel rim at the time of the SIR deployment sequence.

During the impact, Driver #1 moved forward and loaded the three point manual lap and torso belt which resulted in a contusion of the left shoulder that extended diagonally across his chest area. The restraint belt restricted the driver from loading the air bag/ air bag module which allowed a flight path for the separating air bag module. Air bag generant debris contacted the torso belt as the air bag module separated from the steering anchorage points (refer to photograph #34 on page A-17).

The driver's pliable cotton "Baja" pullover shirt was singed by the air bag exhaust gases which resulted in areas of stiffened material over the chest and both arms. These areas showed discoloration from the original blue and white color weave to a brown hue. The outline of the torso belt can be seen in photograph #73 on page A-37 where the original color of the shirt was protected from the exhaust gases by the torso belt.

The driver's cotton pants and lower portion of the his pullover shirt revealed several BB size burn holes. Three large holes were noted above the crouch area in the pants and left of the zipper in which two of the holes measured 1.3 cm (0.5") in diameter and the third measured 0.48 cm (0.19") in diameter. These holes exhibited a surrounding dark ring burn pattern and were attributed to contact by air bag generant debris (refer to photographs #79, #80 on page A-40).

The driver rebounded back against the seat back support and remained in the driver's seat at the FRP. He unbuckled his restraint belt and exited the vehicle through the driver's door. The driver was the last person out of the vehicle due to the restriction of his door. As he tried to open his door, the door sprung back against his face resulting in a laceration of his lower lip by the penetration of his upper teeth. The driver said everyone in the vehicle was under the impression the vehicle was going to catch on fire and wanted to exit as quickly as possible. Once the driver was clear of the vehicle, he walked to Vehicle #2 to check on the status of the driver.

Right Front Occupant of Vehicle #1

The unrestrained right front passenger was sitting with legs crossed and was turned slightly towards the driver. The occupant moved forward and struck the right instrument panel with her right knee which noted by the a 3.8 cm (1.5") diameter indentation on the glove compartment door. She continued forward and contacted the upper edge of the instrument panel with her lower torso, resulting in an indentation which laterally measured 8.4 cm (3.3"). The occupant contacted the sunvisor with her head as the vehicle pitched downward in response to vehicle braking and subsequent impact forces. A 2.5 cm (1.0") wide scuff mark was noted on the sunvisor which was located at the forward edge of the sunvisor and extended 6.4 cm (2.5") rearward.

The right front occupant's head was deflected downward and her face struck the windshield. This contact resulted in a typical spider web pattern in the windshield with tissue transfer from her forehead, and a black eyelash mascara transfer on the glazing. She sustained a laceration of the forehead over the right eye, 1.2 cm (0.5") laceration of the nose, laceration under the nose, and laceration of the upper lip.

Rear Seat Occupants of Vehicle #1

The rear seat occupants were not using the available lap and torso manual restraint belts. Both occupants contacted the back of the respective front seat back rests. The left rear occupant was listed by the police as not injured, while the right rear occupant indicated she had pain of the right knee. All occupants departed the vehicle under their own power.

Driver of Vehicle #2

The driver of Vehicle #2 was making a left turn into her driveway prior to the crash. She had her hands on the steering wheel rim and her foot on the brake pedal while waiting for a pedestrian to clear the sidewalk in front of her driveway. Upon impact, she moved rearward against her seat back support with her head extended over the top of the head restraint (the head restraint was adjusted in the down position). The seat back support deformed rearward to a measured angle of 50 degrees from vertical. She remained secured in her seat by the restraint belts and was subsequently removed by rescue personnel after a backboard and a soft cervical collar were applied. She described her injuries as a sprain of the neck and left shoulder. She was transported to a local medical facility where she was treated and released.

FAILED INFLATOR EVALUATION AND TESTING

The air bag inflator was evaluated and tested at the manufacturer's laboratory using nondestructive and destructive test procedures. Representatives from the National Highway Traffic Safety Administration's Office of Defect Investigation (ODI), the National Highway Traffic Safety Administration's Special Crash Investigations Program (SCI), and the General Motors Corporation were present. Test procedures presented by the air bag manufacturer were reviewed and agreed upon prior to the start-up of the testing.

The inflator housing was made of 6061-T6 aluminum which was constructed of two half sections identified as 'base' and 'diffuser' sections. The interior area of the inflator was designed with three partition walls (i.e., weld lands) which separate and hold the various parts of the inflator (e.g., screen packs, sodium azide pellets, etc.) in their designated locations during the assembly process. The walls are identified as follows: the diffuser chamber weld land makes-up the outer wall of inflator; the combustor chamber weld land comprises the middle wall; and the igniter weld land makes-up the inner wall.

Assembly of the inflator involved an inertial welding process where the diffuser section was held stationary in a machine while the base section was mounted to a rotating ram and placed in close proximity to the diffuser section. The base unit was then rotated at a specified RPM and rammed against the diffuser section resulting in a frictional weld along the three weld land surfaces. A characteristic of a successful fusion at the weld land was the resulting outward curl of metal along the weld land (refer to photographs on page A-57, A-59 which show a successful fusion of the diffusor chamber and combustor chamber weld lands).

Nondestructive Testing

The inflator was removed from the air bag module assembly and measured for its concentricity. The diffuser side of the inflator recorded a 1.5 mm (0.061") vertical bulge (refer to photograph #102 on page A-53) with the center of the inflator off-set by 0.1 mm (0.004") (refer to photograph #103 on page A-54). The unit was viewed under a scanning electron microscope (SEM) with no unusual contaminants detected. The inflator was tested using the Rockwell hardness test and determined to be within specification tolerances.

The unit was cleaned with ultrasound and reviewed again under the SEM. A segment of the igniter weld land was enhanced due to its visual lack of the characteristic metallic displacement (i.e., weld land upset) and its lack of fused surface (refer to photographs on pages A-55, A-56).

Destructive Testing

Cross section of the weld lands were prepared and evaluated under the SEM. As shown in photographs on pages A-58, A-60, the typical outward curl of metal at the diffuser and combustor weld lands was present in the Corsica inflator module which appeared to be within scope of a typical weld profile as illustrated in photographs on pages A-57, A-59. The weld lands were also prepared in a radial view (i.e., cut through the center of the weld land along the curved wall) to assess the fusion characteristics of the aluminum. As shown in SEM photographs on page A-63 of the Corsica's combustor weld land, the flow of the metal grain was similar to the flow noted in a typical weld land as shown by photographs on page A-62. The results of this testing indicated that the combustor and diffuser weld lands of the Corsica inflator appeared to be fused within specifications.

Conclusion

It was theorized that as the inflation process began, the increasing pressure began to force the defective igniter weld land apart. This resulted in the bulging of the diffuser section of the inflator and the fracture of the base section at the igniter weld land. The fracture site allowed air bag generant gases to escape directly into the vehicle interior. The metal adjacent to the fracture site contacted the steering wheel retaining nut resulting in the complete fracture of the base section.

The combination of fracturing metal and thrust applied against the steering wheel hub from escaping air bag gas resulted in the separation of the air bag module from its hold down clinch pins. The escaping gas then propelled the air bag module assembly away from the steering wheel assembly where it landed on the center console between the front bucket seats.

The root cause for the faulty weld land has not be provided by the air bag manufacturer. It was speculated that either the weld land was contaminated at the time of assembly and/or there was a defect with the inertia weld machine during the assembly process.

Chemical contamination of the sodium azide pellets, however, can not be ruled out as a contributing factor to the inflator failure. It was reasoned that a normal burn rate of sodium azide pellets during deployment would be typically very rapid (i.e., peak output is achieved within a relatively short time interval). In this crash, however, the burn rate may have occurred at a slower rate (i.e., peak output achieved over a longer time interval) as observed from the debris field in the vehicle interior (e.g., BB size burn marks in the roof fabric, in the front seat cushion, the driver's clothes, and the floor mat). This phenomena gives rises to the question of whether there was contamination of the pellets prior to/or during inflator assembly. If the burn rate was altered by contamination, the inflator unit could have experienced a heat intensity that was stretched over a longer time interval. This condition may have exacerbated the weakened weld land situation resulting in the unit's catastrophic failure.

APPENDIX A

Selected Prints of the Crash Scene, Crash Vehicles, and Failed Inflator

Selected Prints
Calspan Case No. 94-23

1. Trajectory of 1993 Chevrolet Corsica LT (Vehicle #1), 60 m (200') prior to the POI.

2. Trajectory of Vehicle #1, 30 m (100') prior to the POI.

3. Trajectory of Vehicle #1, 15 m (50') prior to the POI.

4. Location of POI.

5. Final rest position (FRP) of the Vehicle #1.

6. Lateral view of Vehicle #1 looking west toward the final rest position of Vehicle #2 (1986 Chevrolet Celebrity Station Wagon).

7. Lookback view of the 1993 Chevrolet Corsica LT trajectory beyond the FRP.

8. Lookback view at 60 m (200') from POI.

9. On-scene photograph of Vehicle #1's FRP.

10. On-scene view of both vehicles at FRP.

11. On-scene view of the relative positions of both vehicles at FRP.

12. Lookback view of Vehicle #2's FRP.

13. Relative positions of both vehicles at FRP.

14. Lookback view of Vehicle #1's FRP.

15. Frontal view of the 1993 Chevrolet Corsica LT (Vehicle #1) showing the entire contacted plane.

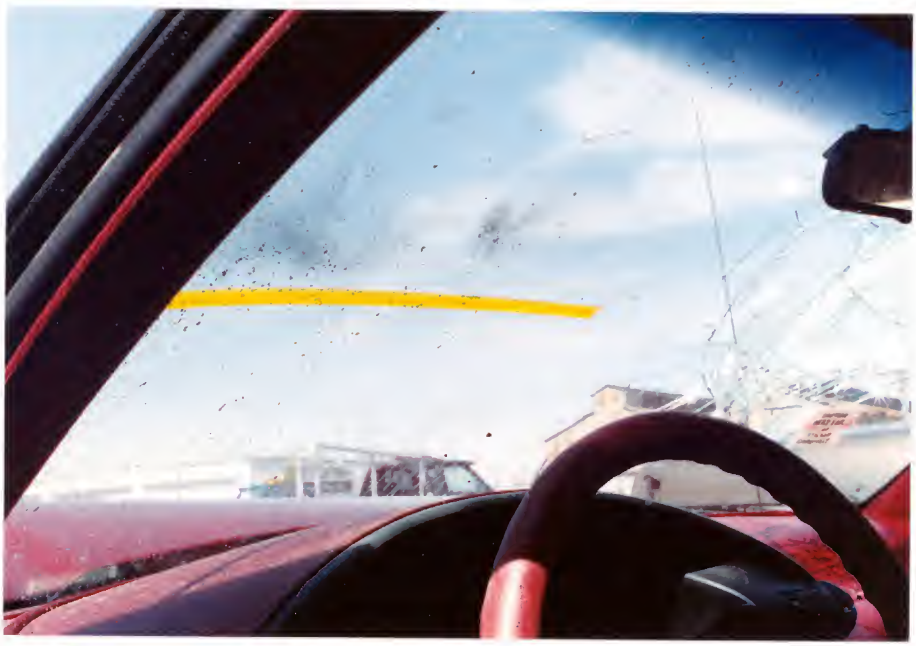
16. Frontal view of Vehicle #1 showing contact along the right side of the frontal plane.

17. Frontal view of Vehicle #1 showing contact along the center of the frontal plane.

18. Frontal view of Vehicle #1 showing contact along the left side of the frontal plane.

19. Left front corner view.

20. Exterior close-up view of the windshield over the steering column showing air bag generant debris.

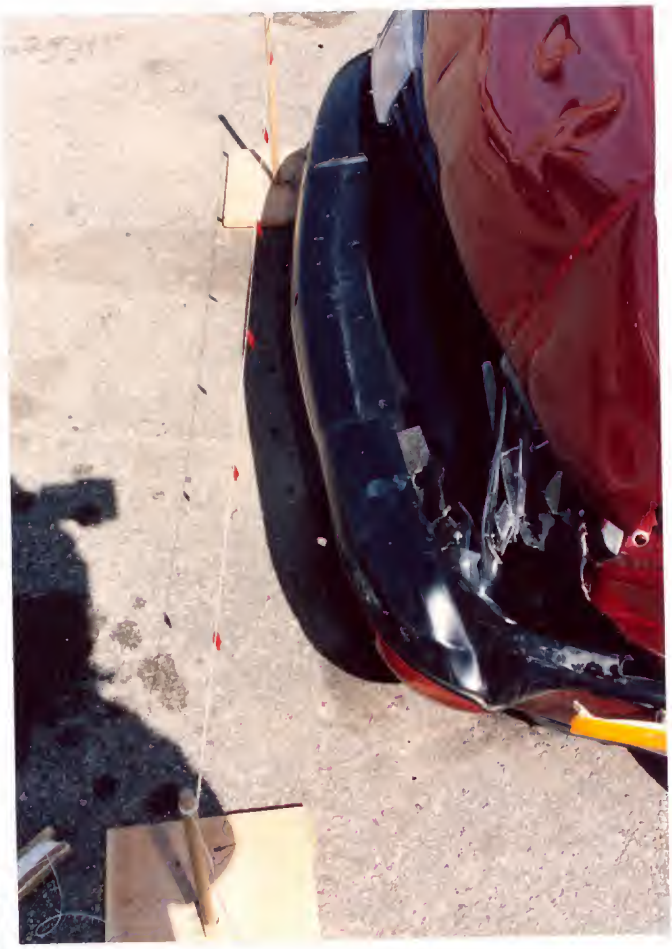


21. Interior view of the windshield showing the heavy concentration of generant debris above the air bag module.

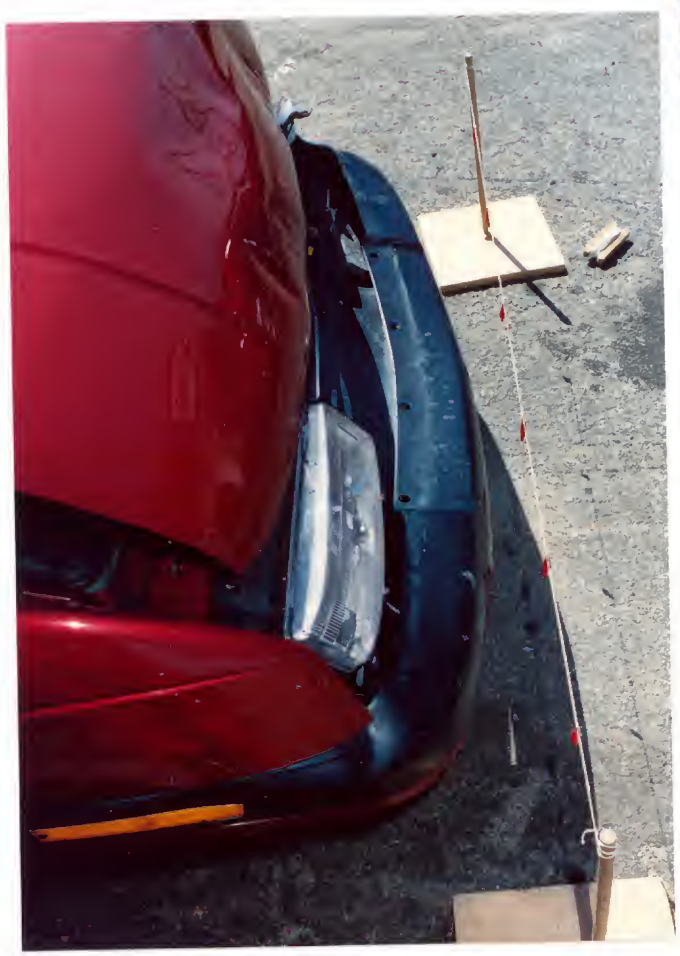
22. Overhead view of the windshield showing the heavy concentration of generant debris in relationship with the air bag module.

23. Overhead view of the air bag module after it was repositioned in the steering wheel hub.

24. Perpendicular view of the left front fender and bumper.



25. View of the frontal plane from left to right illustrating the extent of rearward deformation.



26. Lateral view of the frontal plane from right to left illustrating the extent of rearward deformation.

27. View of the engine compartment.

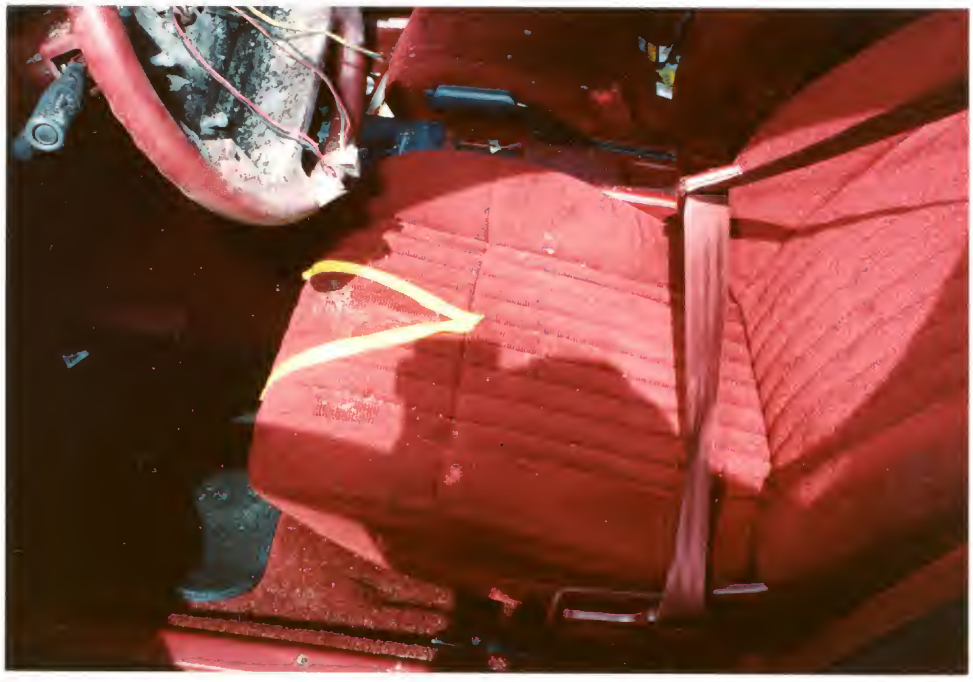
28. View of Vehicle #1's ABS master cylinder.

29. View of Vehicle 1's left side plane.

30. View of the right front corner.

31. On-scene view of the steering wheel showing the separation of the air bag module from the steering wheel hub and a heavy generant residue.

32. Interior view of Vehicle #1 showing the steering wheel and instrument panel.

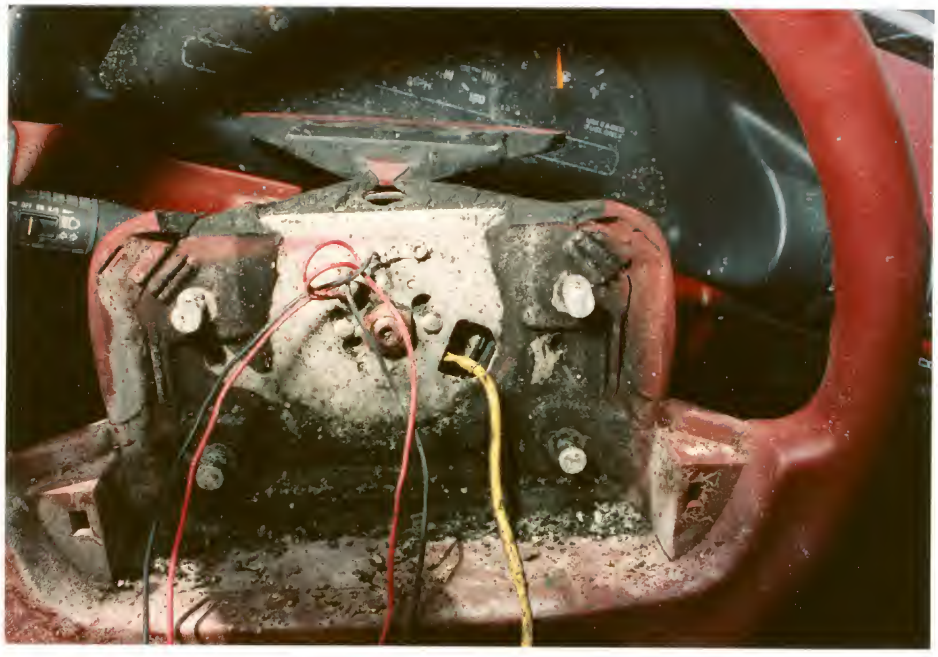


33. Lateral view of the driver's seat cushion highlighting a "V" shaped area on the seat fabric which was singed by air bag generant debris.

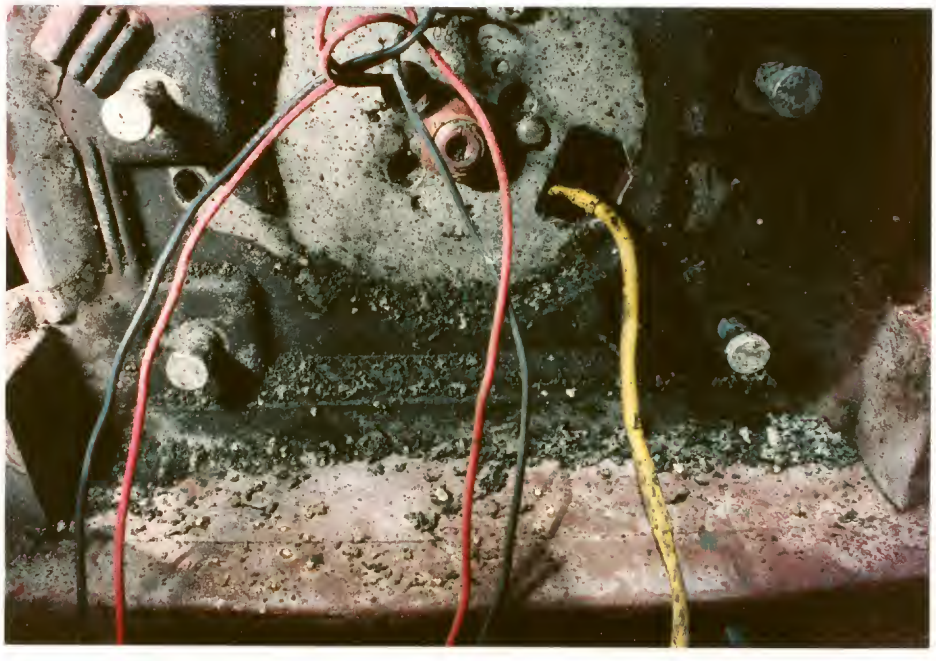
34. View of the driver's torso belt showing air bag generant debris embedded in the weave of the belt

35. View of the driver side floor mat which was singed by air bag generant debris. This area was located directly under the steering column.

36. Close-up view of the singed mark on the driver side floor mat.



37. View of the steering wheel hub showing air bag generant debris along the bottom sill of the steering hub, white and green air bag ignitor wires encapsulated by a yellow sheath, and horn wire harnesses.



38. Close-up view of the lower portion of the steering wheel hub showing air bag generant debris.

39. View from the left side of the steering wheel with the air bag module repositioned in the steering wheel hub.

40. Lateral overhead view from the left side of the steering with the air bag module placed in the steering wheel hub.

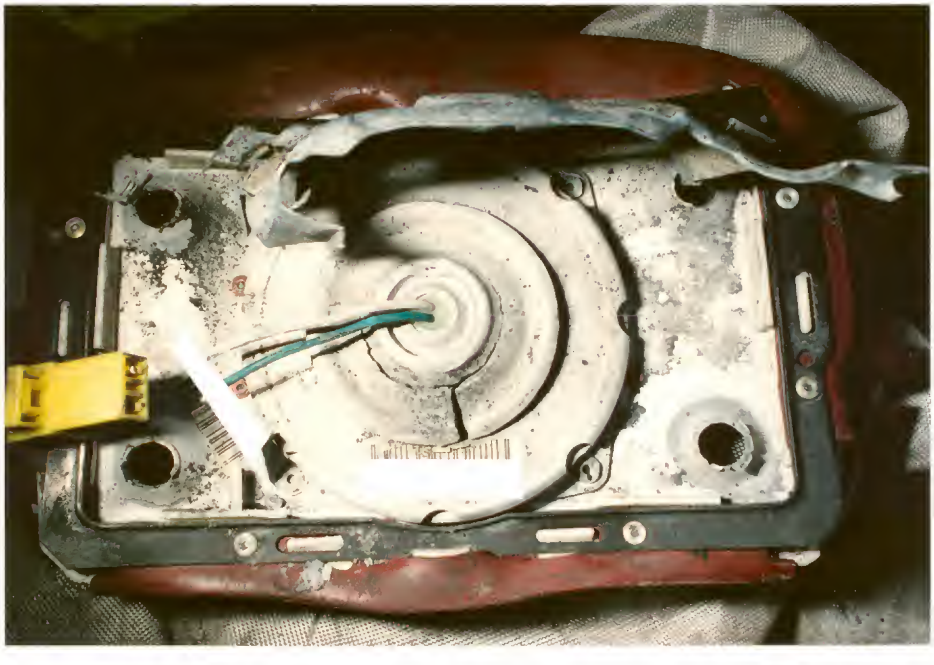
41. View from the right side of the steering wheel with the air bag module repositioned in the steering wheel hub.

42. Lateral view from the right side of the steering wheel with the air bag module repositioned in the steering wheel hub.

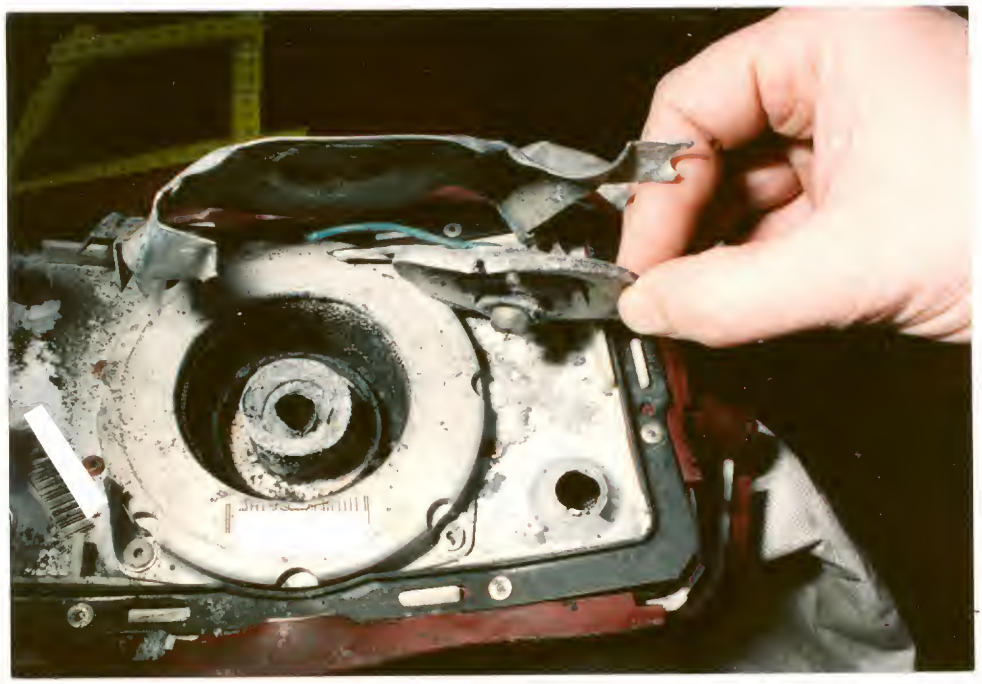
43. View of the upper flap of the air bag module cover.

44. View of the nontethered air bag with the 12 o'clock position of the bag oriented at the top of the photograph.

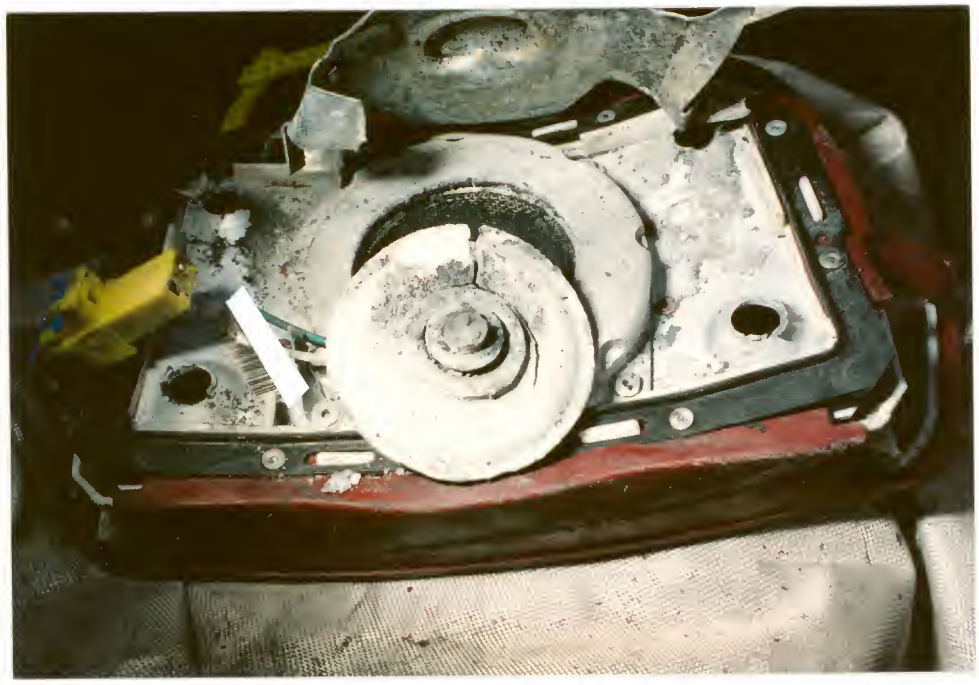
45. View of the upper and lower flap of the air bag module cover illustrating the thickness of the module cover and the fluted vinyl spacers.



46. View of the back side of the air bag module with the ignitor squib (Part #1) repositioned in its (approximate) original position for photographic purposes.



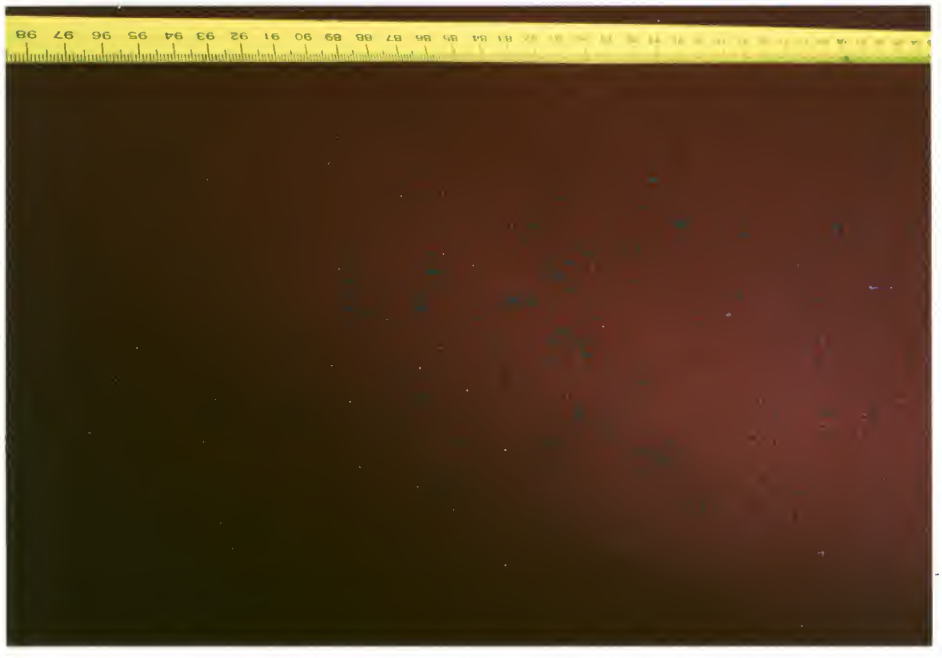
47. Lateral view of the ignitor squib (Part #1) which was separated from the base of the inflator during the deployment sequence.



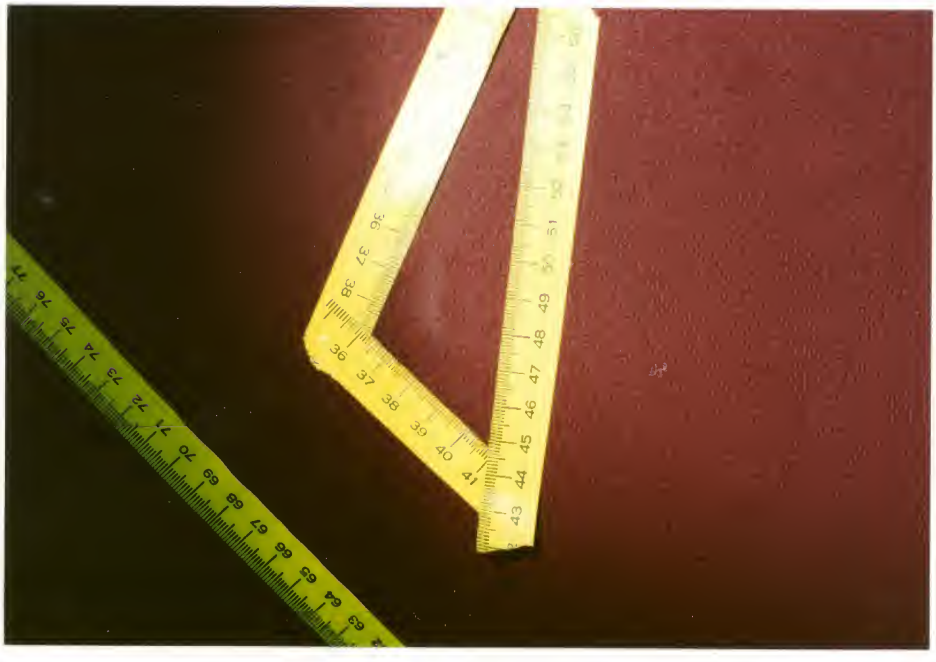
48. Reverse side of Part #1.

49. Lateral view of Vehicle #1's interior as seen from the left side of the vehicle.

50. View from the right side of the vehicle of air bag generant debris embedded in the roof fabric which began in the center of the vehicle and extended rearward to the right rear passenger area.



51. Close-up view of BB size burn marks from air bag generant debris embedded in roof fabric along the right side.



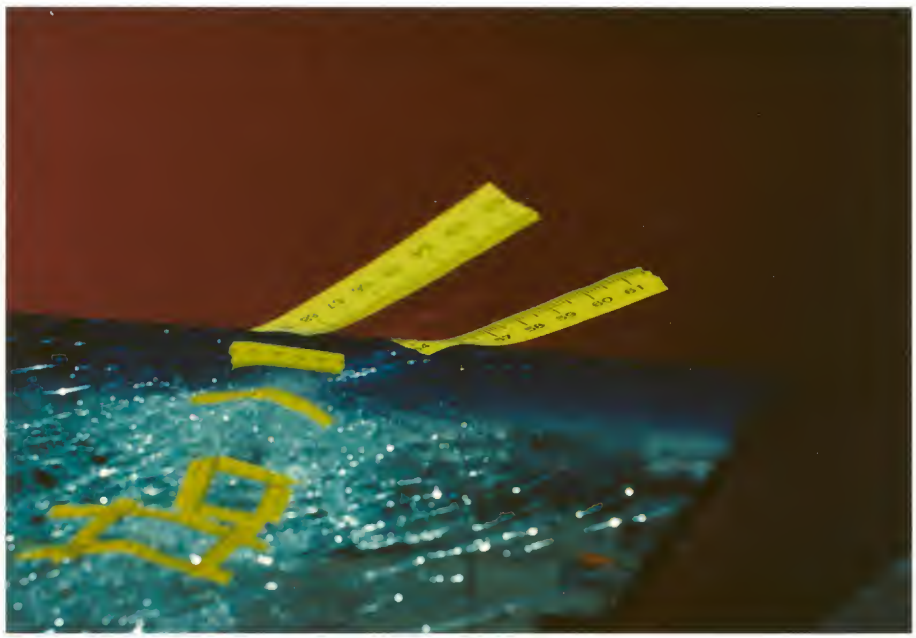
52. A light color transfer mark on the roof fabric over the right rear seat area,

53. View of the driver's side showing generant debris on the windshield and the steering wheel hub without the air bag module.

54. View of the left shear capsule.

55. View of the center instrument panel taken from the rear seat.

56. View of the right front instrument panel.



57. View of the right front occupant contact evidence on the surface of the right sunvisor.

58. Close-up view of right front occupant contact on the windshield.

59. Close-up view of mascara and tissue transfer from the right front occupant on the windshield.

60. Contact evidence from the right front occupant at the mid instrument panel level.

61. Deformation of the glove compartment door from contact by the right front occupant.

62. Angular view of the instrument panel taken from the right side of the vehicle.

63. View of the driver's door illustrating the singed area above the armrest and melted fabric below the armrest from air bag generant debris.

64. Lateral view of the driver's door showing a singe mark located above the door armrest and below the window sill.

65. Close-up view of the singed fabric above the left front door armrest from air bag exhaust gases.

66. Close-up view of the melted fabric below the driver's door armrest from air bag generant debris.

67. Angular view of the rear seat area taken from the left side of Vehicle #1.

68. Lateral view of the rear seating area taken from the left side of the vehicle.

69. Lateral view of the rear seating area taken from the right side of the vehicle.

70. Angular view of the reat seat area taken from the right side.

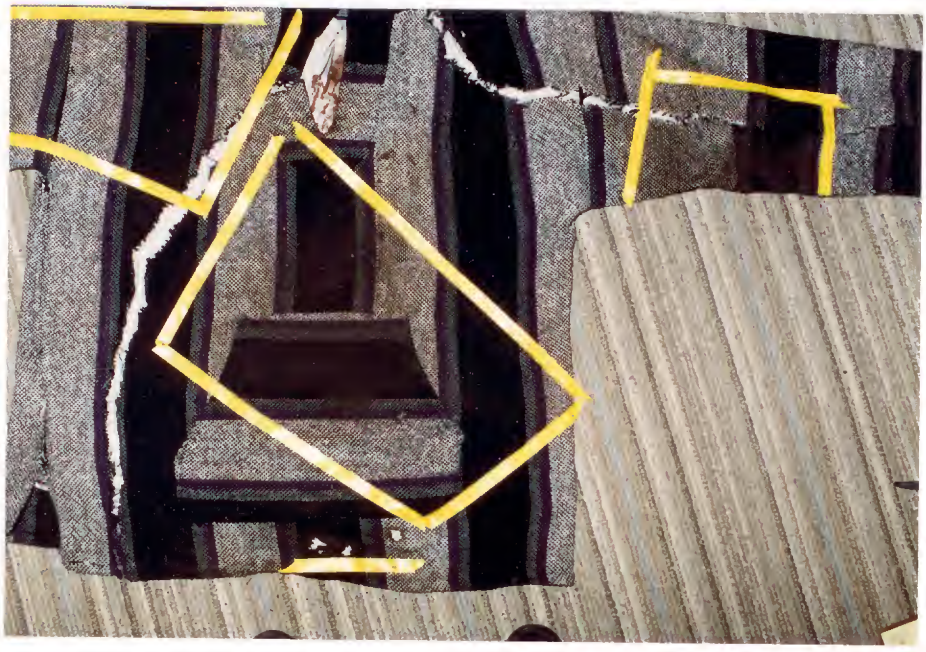
"GRAPHIC"
PHOTOGRAPHS and IMAGES

Several vivid photographs have been removed for this case. These photographs contain highly graphic material which may be improper for the general audience.

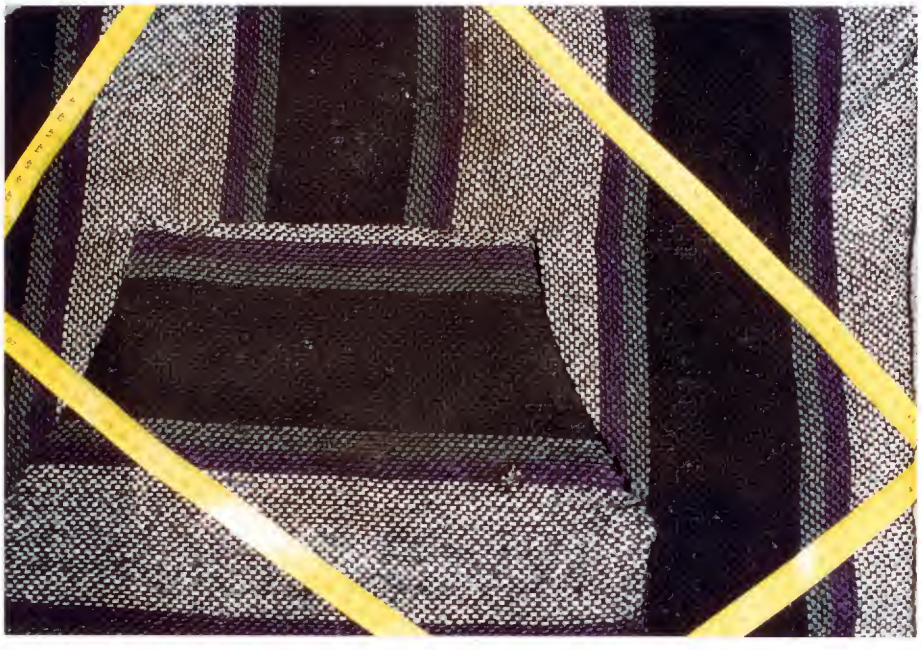
Photographs #71, #72 (page A-36)

If you would like a copy of these photographs and/or images please call or write to:

Marjorie Saccoccio at (617) 494-2640
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 Broadway
Cambridge, MA 02142



73. View of the driver's heavy cotton "Baja" pullover shirt showing a brown discoloration of the original blue and white color weave. The chest area and both arms were singed by air bag exhaust gases. The outline of the torso restraint belt can be seen by the lighter color fabric which begins over the left shoulder and extends diagonally across the chest area.



74. Closer view of the singed areas of the driver's pullover shirt.

75. View of the driver's cotton undershirt worn at the time of the crash.

76. Close-up view of the cotton undershirt shirt fabric illustrating the singed discolored areas.

77. Close-up view of the lower portion of the pullover shirt fabric illustrating burn holes from air bag generant debris.

78. Close-up view of the left arm fabric illustrating discoloration from air bag exhaust gases.

79. View of the driver's pants showing burn holes and heat discoloration of the fabric. Rips in the fabric were the result of on-scene medical rescue procedures.

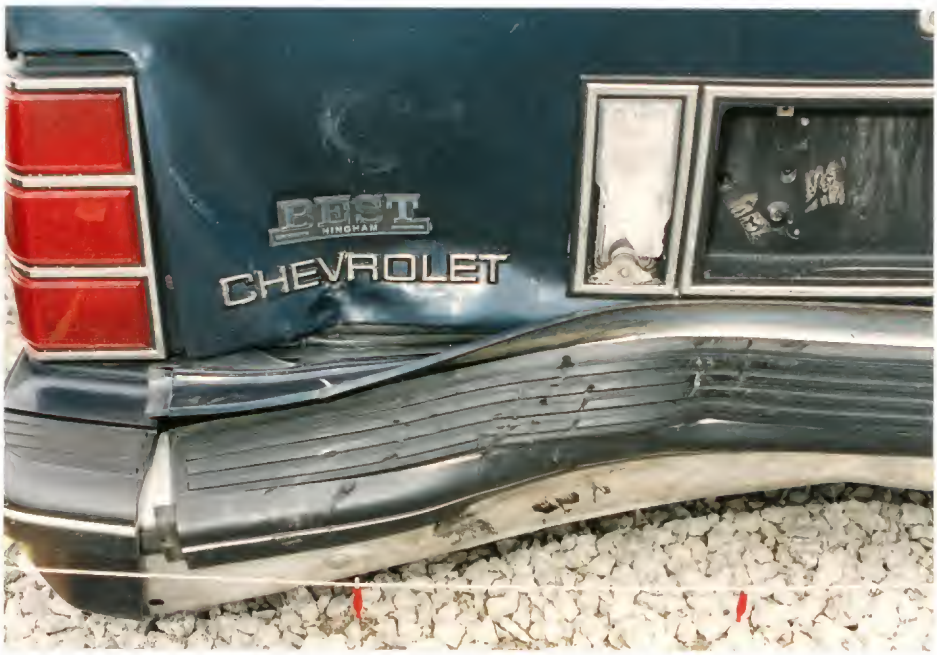
80. Close-up view of burn marks in driver's pants.

81. Frontal view of the 1986 Chevrolet Celebrity station wagon (Vehicle #2)

82. Left front corner view of Vehicle #2.

83. Left rear corner view of Vehicle #2 showing impact damage.

84. Rear view of Vehicle #2.



85. Close-up view of the left third of the rear plane.

86. View of the left bumper energy absorber device (EAD).

87. View of the center third of the rear plane showing direct contact damage.

88. View of the right third of the rear plane.

89. View of the right bumper EAD.

90. Perpendicular view of the right side of Vehicle #2 illustrating the extent of vehicle crush.

91. Overhead view from the right side of Vehicle #2 illustrating the extent of vehicle crush.

92. Perpendicular interior view of the right side of Vehicle #2.

93. Angular view from the right rear corner.

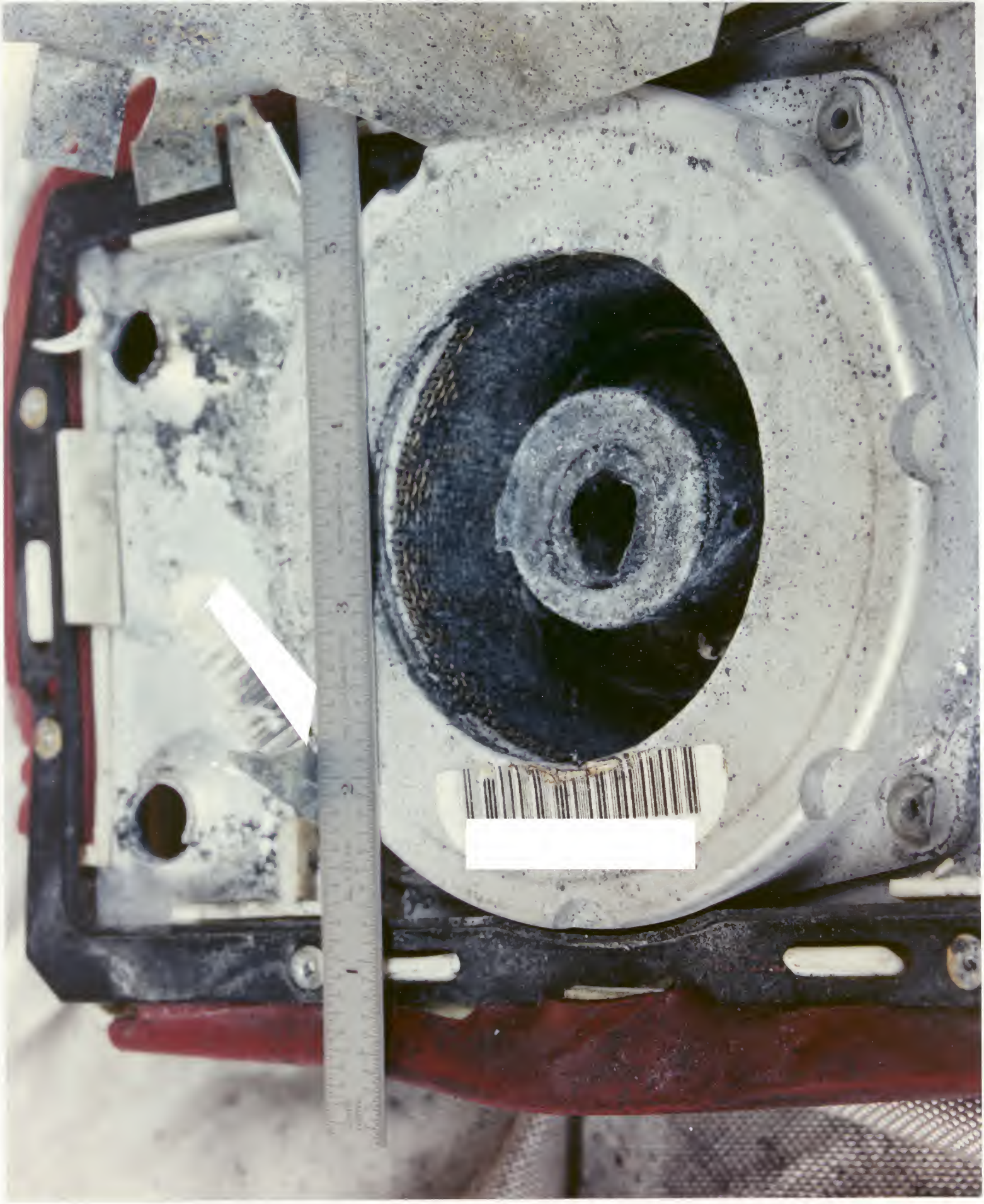
94. View of the instrument panel taken from the left side of Vehicle #2.

95. View of the left front instrument panel.

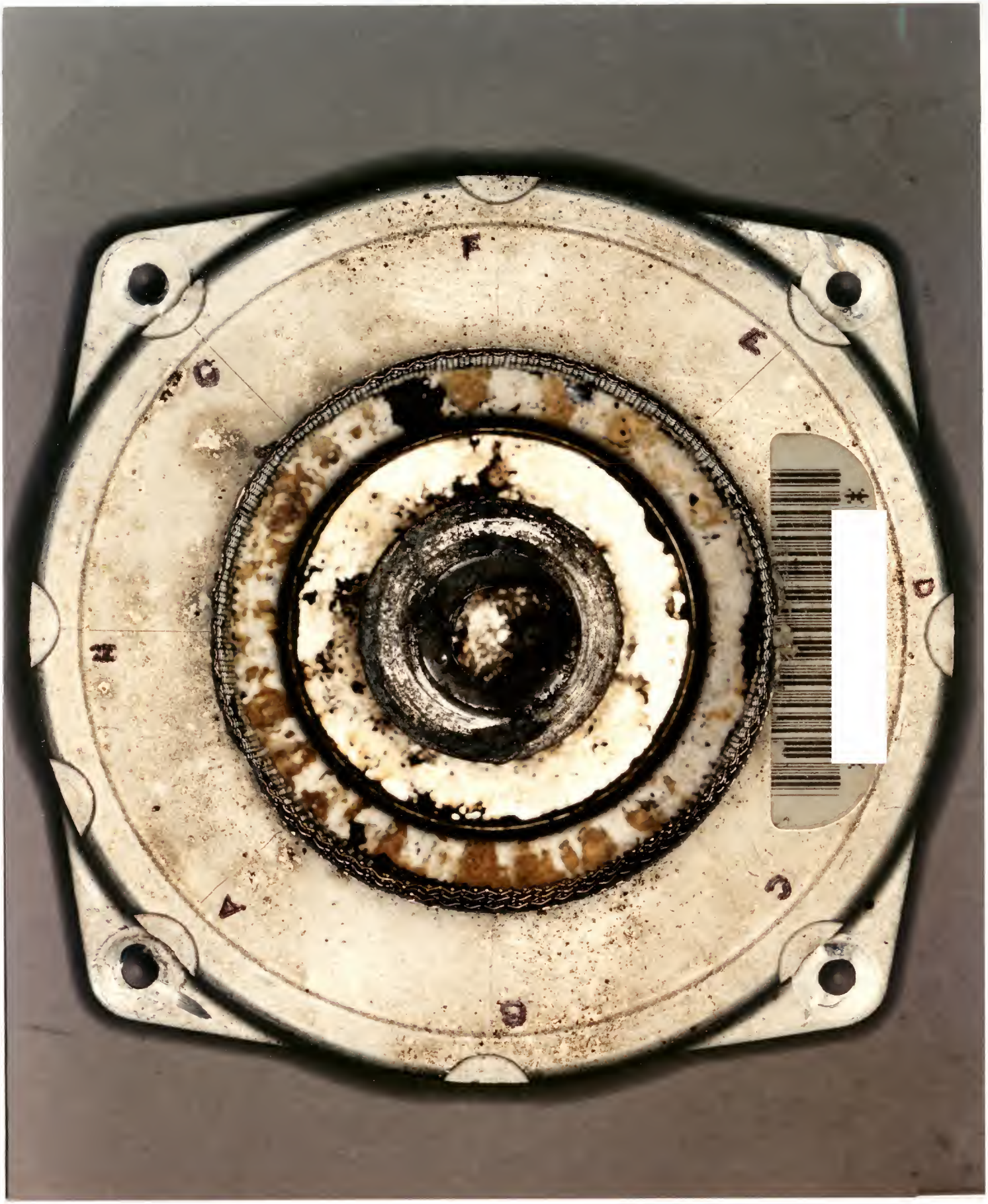
96. View of the driver side seat back rest.

97. Close-up view of the driver side head restraint showing contact evidence.

98. View of the rear cargo area.

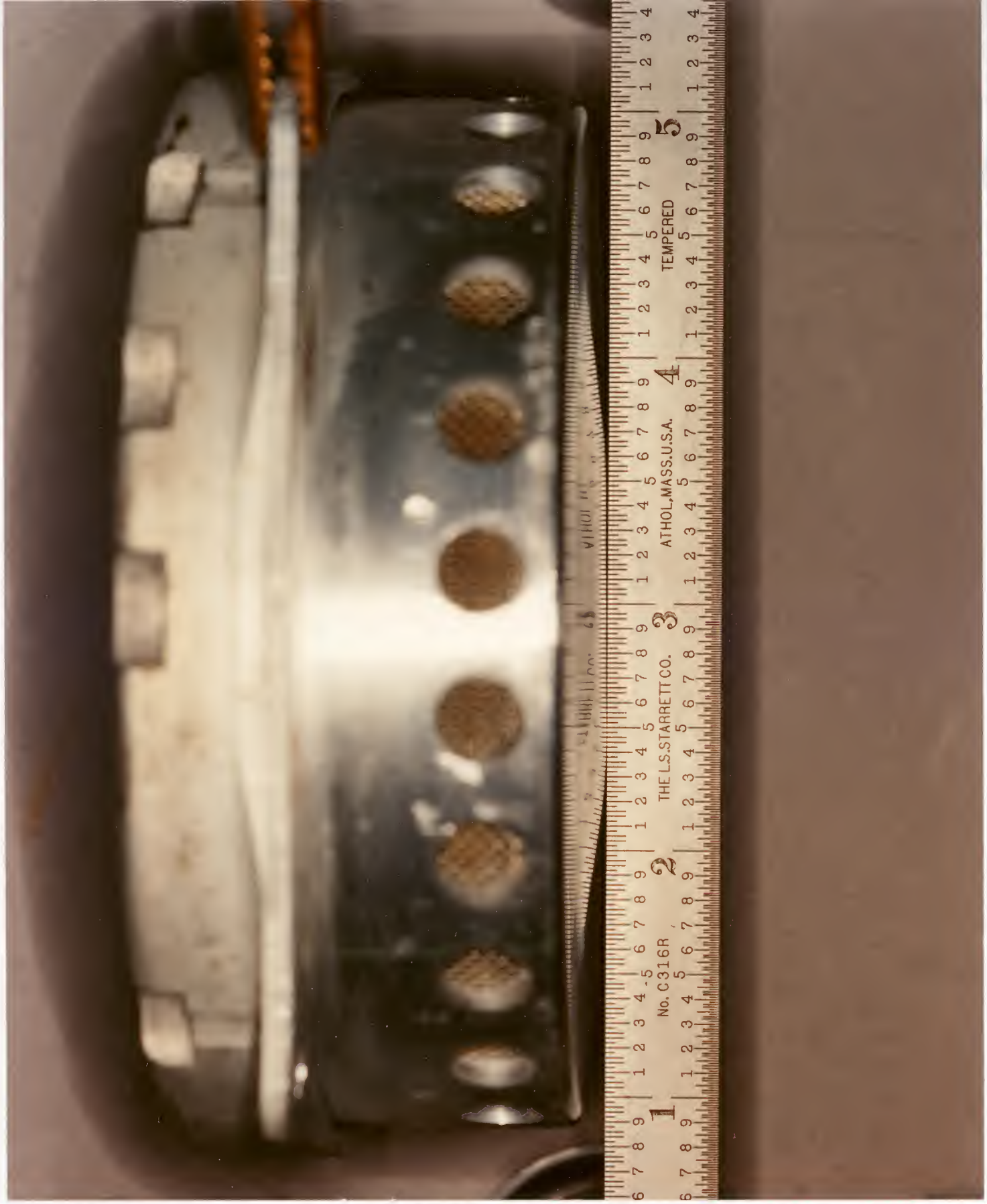


99. View of the inflator taken from the left side of the unit. Note the weld shear lip on the igniter can.

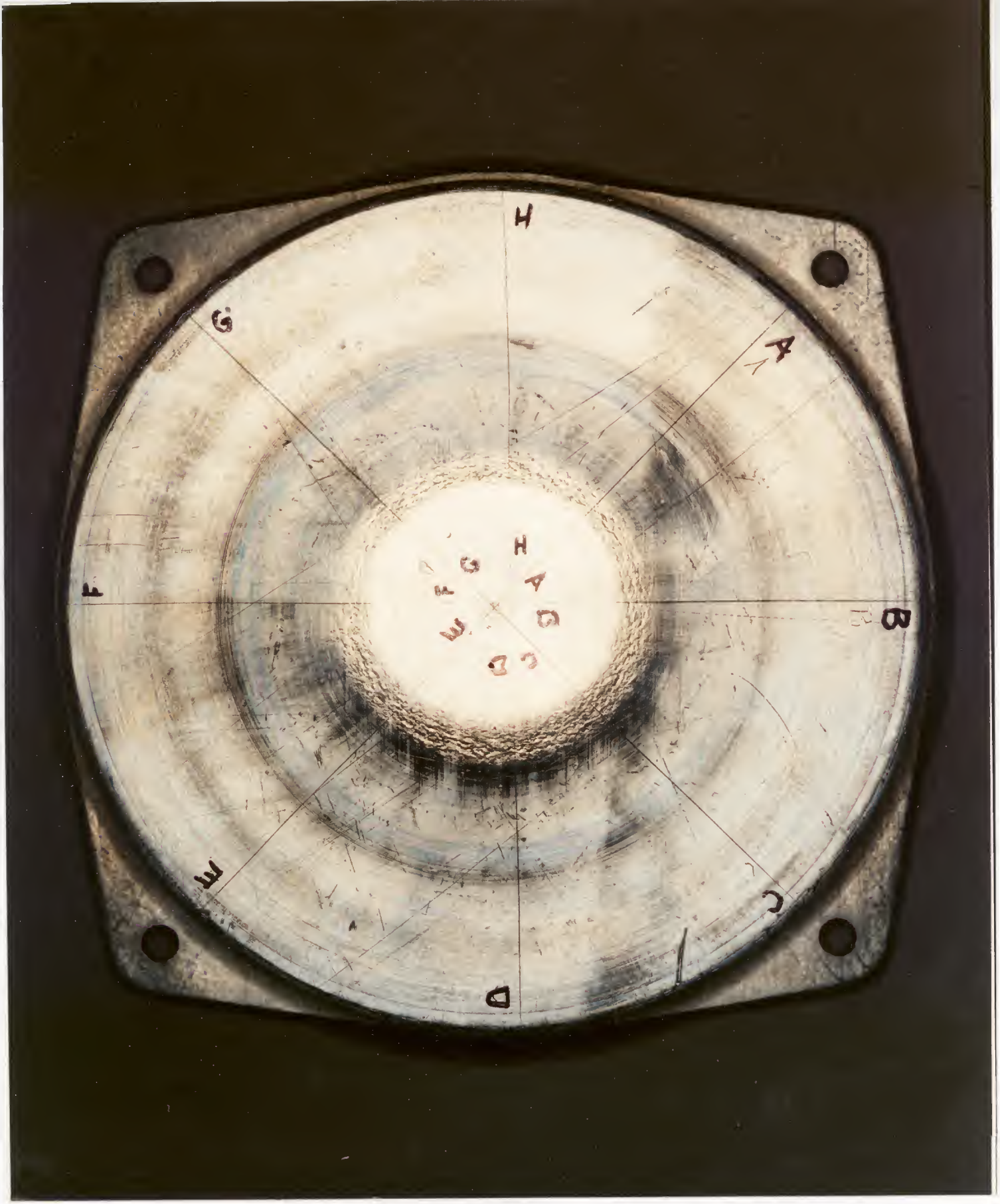


100. Overhead view of the inflator base after cleaning.

101. Close-up view of the defective weld on the igniter weld land of the fractured squib section which is visible at the uneven surface (i.e. dark gray area).

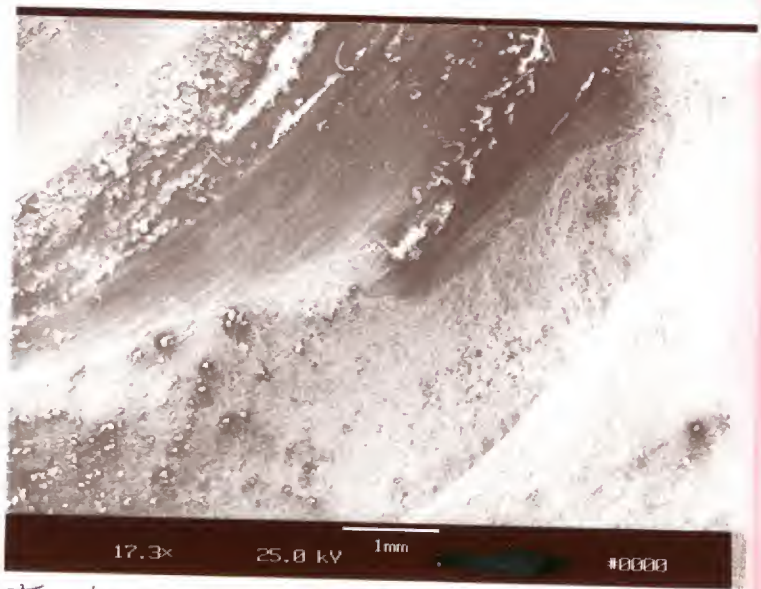


102. Side view of the inflator showing the distortion ("bulge") of the diffuser surface in relationship with a calibrated scale.

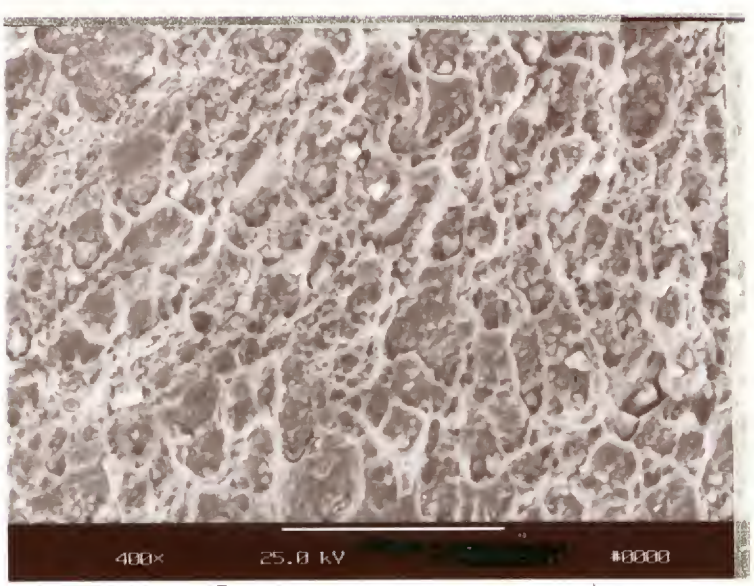


103. View of the diffuser side of the inflator with reference axes established. Note the circumferential stress marks near the center of the unit.

SEM PHOTOGRAPHS
Field 1 - Part 1 (Post Cleaning) - Igniter Weld Land
Fused Area



Field 1 Part 1 Igniter Weld land



Field 1 Part 1 Igniter Weld land

SEM PHOTOGRAPHS
Field 3 - Part 1 (Post Cleaning) - Igniter Weld Land
Non Fused Area

Non-fused Area Part 1

Non-fused Area Part 1

Diffuser Side

Base Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld Cross-Section
12.8X Magnification

Diffuser Side

Base Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld - Cross Section
100X Magnification

Diffuser
Side

Base
Side

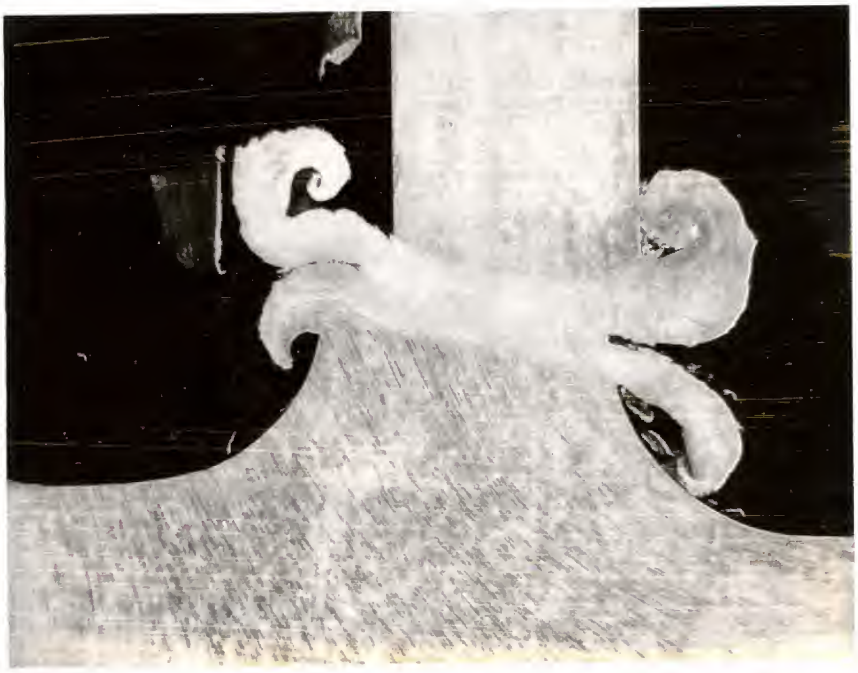
CORSICA INFLATOR
Diffuser Chamber Weld Cross-Section
12.8X Magnification

Diffuser
Side

Base
Side

CORSICA INFLATOR
Diffuser Chamber Weld - Cross Section
100X Magnification

Diffuser
Side



Base
Side

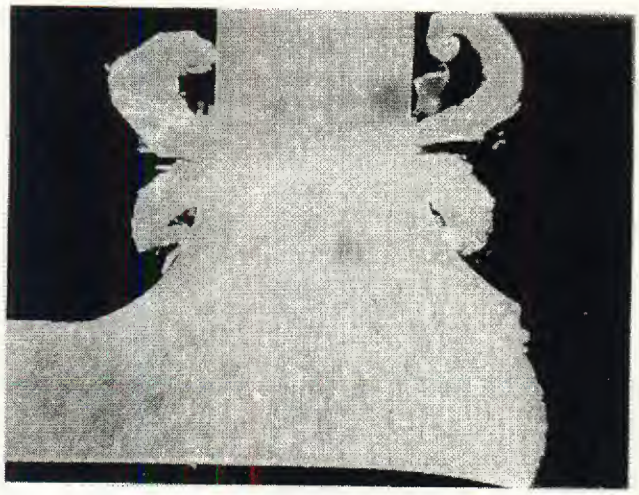
TYPICAL Q.A. INFLATOR
Combustion Chamber Weld Cross-Section
12.8X Magnification

Diffuser
Side

Base
Side

TYPICAL Q.A. INFLATOR
Combustion Chamber Weld - Cross Section
100X Magnification

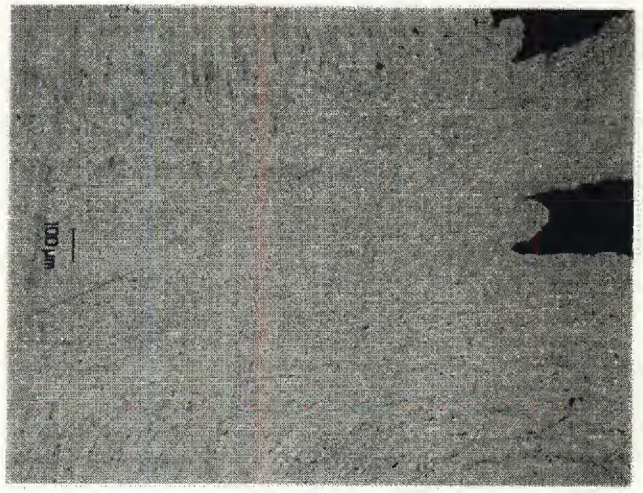
CORSICA INFLATOR
Combustion Chamber Weld Cross-Section
12.8 Magnification



Diffuser Side

Base Side

CORSICA INFLATOR
Combustion Chamber Weld Cross-Section
100 X Magnification



Diffuser Side

Base Side

Diffuser Side

Base Side

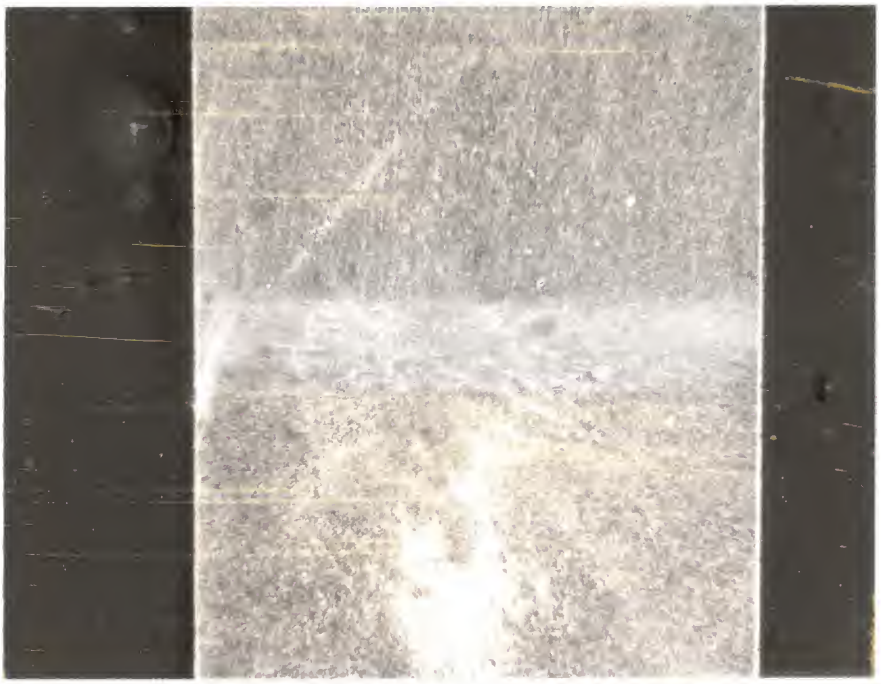
TYPICAL Q.A. INFLATOR
Igniter Weld Cross-Section
12.8X Magnification

Diffuser Side

Base Side

TYPICAL Q.A. INFLATOR
Igniter Weld - Cross Section
100X Magnification

Diffuser
Side



Base
Side

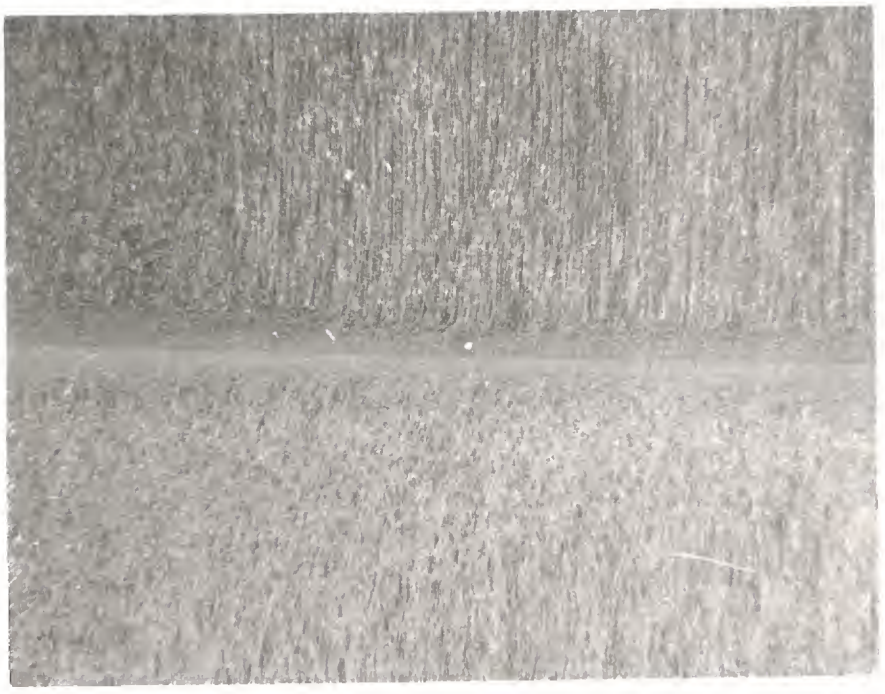
TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld Radial Section
12.8X Magnification

Diffuser
Side

Base
Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld - Radial Section
100X Magnification

Diffuser
Side



Base
Side

CORSICA INFLATOR
Combustion Chamber Weld Radial Section
12.8X Magnification

Diffuser
Side

Base
Side

CORSICA INFLATOR
Combustion Chamber Weld - Radial Section
100X Magnification

APPENDIX B

CRASHPC Output

DIRECTION OF ANGULAR VELOCITY CHANGE OF VEHICLE #1
IS NOT COMPATIBLE WITH MOMENT ARM OF PRINCIPLE FORCE,
ACCORDING TO DAMAGE BASED CALCULATIONS. REVIEW DAMAGE
DATA IF RESULTS ARE QUESTIONABLE.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

SCI Case 94-23 MA.

	SPEED CHANGE (DAMAGE)	IMPACT SPEED (DAMAGE AND SPINOUT)
VEHICLE #1		
TOTAL	22 KPH (14 MPH)	41 KPH (25 MPH)
LONGITUDINAL	-22 KPH (-14 MPH)	41 KPH (26 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES	
ENERGY DISSIPATED =	25156 JOULES (18551 FT-LB)	
VEHICLE #2		
TOTAL	22 KPH (14 MPH)	0 KPH (0 MPH)
LONGITUDINAL	22 KPH (14 MPH)	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	-180 DEGREES	
ENERGY DISSIPATED =	31930 JOULES (23548 FT-LB)	

SCENE INFORMATION

	VEHICLE #1	VEHICLE #2
IMPACT X-POSITION	5.8 M. (19.0 FT.)	10.6 M. (34.8 FT.)
IMPACT Y-POSITION	1.6 M. (5.2 FT.)	1.5 M. (4.9 FT.)
IMPACT HEADING ANGLE	0 DEGREES	0 DEGREES
REST X-POSITION	18.2 M. (60.0 FT.)	16.9 M. (55.(FT.)
REST Y-POSITION	0.0 M. (0.4 FT.)	-6.7 M. (-22.0 FT.)
REST HEADING ANGLE	6 DEGREES	255 DEGREES
END-ROTATION X-POSITION	5.8 M. (19.1 FT.)	
END-ROTATION Y-POSITION	1.6 M. (5.2 FT.)	
END-ROTATION HEADING ANGLE	0 DEGREES	
SIDE-SLIP ANGLE	0 DEGREES	0 DEGREES
DIRECTION OF ROTATION	CW	CW
AMOUNT OF ROTATION	4360	4360

COLLISION AND SEPARATION

	VEHICLE #1	VEHICLE #2
COLLISION		
IMPACT X-POSITION	5.8 M. (19.0 FT.)	10.6 M. (34.8 FT.)
IMPACT Y-POSITION	1.8 M. (5.9 FT.)	1.5 M. (4.9 FT.)
IMPACT HEADING ANGLE	0 DEGREES	0 DEGREES
SEPARATION (USING SPINOUT)		
US	19 KPH (12 MPH)	22 KPH (14 MPH)
VS	0 KPH (0 MPH)	-29 KPH (-18 MPH)
PSISD	0 DEG/SEC	-87 DEG/SEC

DAMAGE DATA

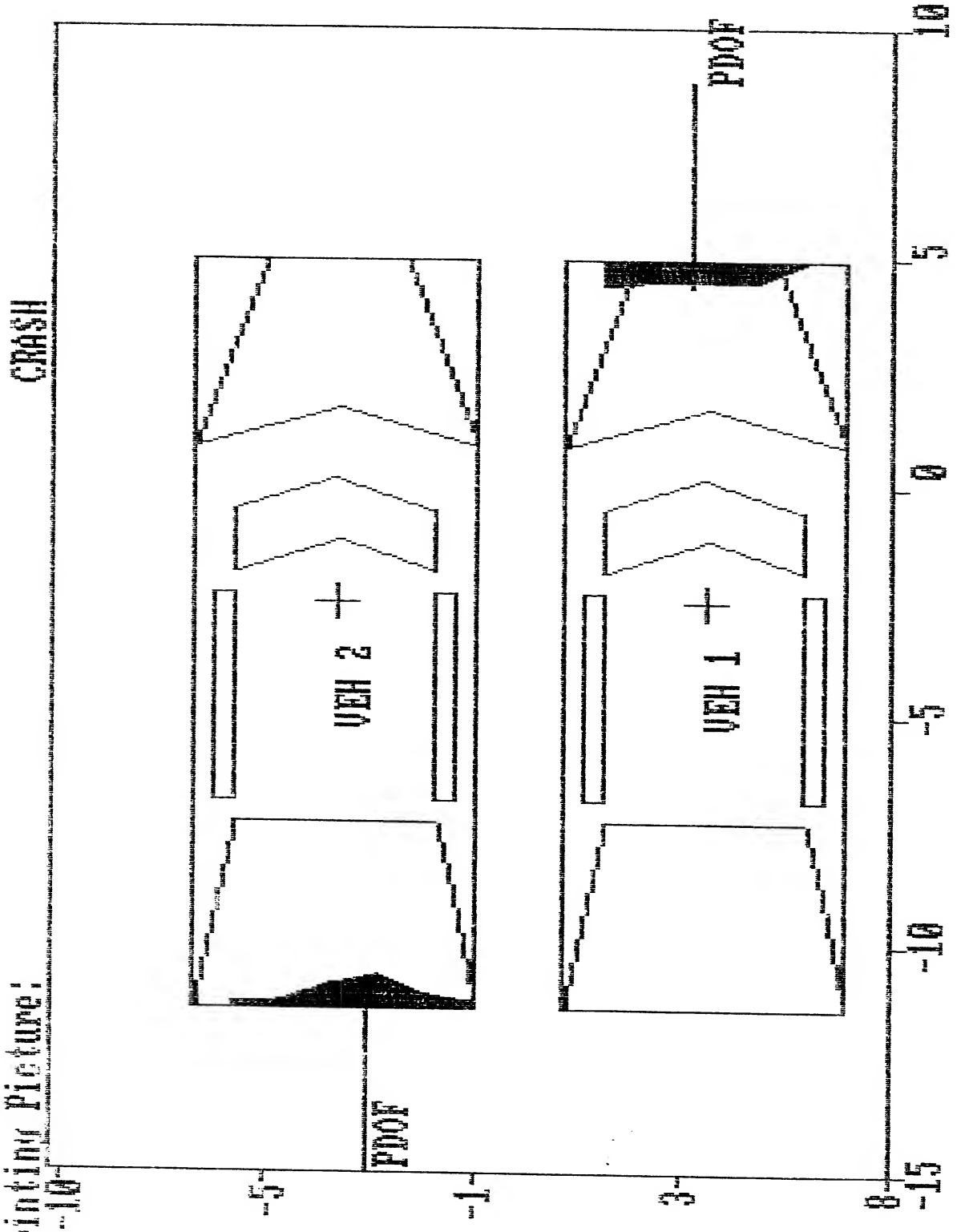
	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	3	3
STIFFNESS CATEGORY	9	3
VEHICLE WEIGHT	1482 KGS (3267 LBS)	1477 KGS (3256 LBS)
CDC	12FDEW1	06BDEW2
PDOF ANGLE	0 DEGREES *	180 DEGREES *
CRUSH LENGTH	133 CM. (53 IN.)	160 CM. (63 IN.)
C1	18 CM. (7 IN.)	4 CM. (2 IN.)
C2	15 CM. (6 IN.)	5 CM. (2 IN.)
C3	14 CM. (5 IN.)	17 CM. (7 IN.)
C4	14 CM. (5 IN.)	23 CM. (9 IN.)
C5	12 CM. (5 IN.)	11 CM. (4 IN.)
C6	1 CM. (1 IN.)	5 CM. (2 IN.)
D	0 CM. (0 IN.)	14 CM. (6 IN.)
D'	-9 CM. (-4 IN.)	20 CM. (8 IN.)

(* INDICATES DEFAULT VALUE)

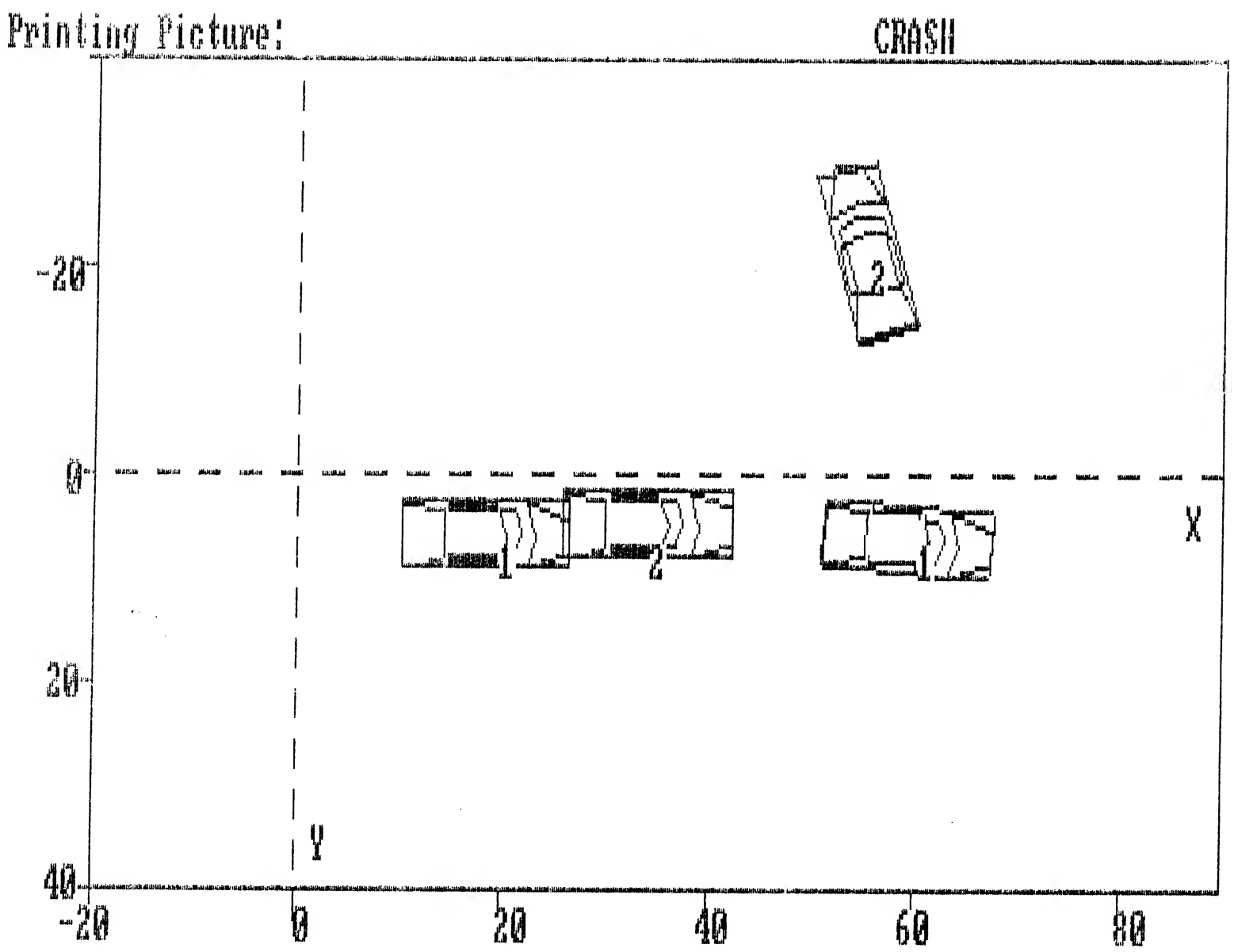
DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	130 CM. (51 IN.)	130 CM. (51 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)	141 CM. (56 IN.)
TRACK	150 CM. (59 IN.)	150 CM. (59 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)	228 CM. (90 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-270 CM. (-106 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)	92 CM. (36 IN.)
MOMENT OF INERTIA	12809 KGS (28238 LBS)	12765 KGS (28142 LBS)
VEHICLE MASS	4 KGS (8 LBS)	4 KGS (8 LBS)
ROLLING RESISTANCE		
LEFT FRONT WHEEL	.27	.27
RIGHT FRONT WHEEL	.27	.27
LEFT REAR WHEEL	.01	1.00
RIGHT REAR WHEEL	.01	1.00

COEFFICIENT OF FRICTION = .75



DAMAGE DESCRIPTION



SCENE DESCRIPTION

APPENDIX C

Local Newspaper Article

BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

Region I
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island.
[redacted]

Transportation Systems Center
Kendall Square
Cambridge, Massachusetts 02142

Tel. # [redacted]

Fax # [redacted]

NHTSA - REGION I
FAX COVER SHEET

TO: [redacted] LOCATION:

FROM: [redacted] TITLE:

SUBJECT: Air Bag Crash

DATE: [redacted]/94 TIME:

TOTAL # OF PAGES (INCLUDING THIS SHEET): 1

MESSAGE: This article appeared in the [redacted] 3/[redacted]/94

5 slightly hurt in 2-car crash

[redacted] — A traffic accident yesterday on Route [redacted] sent five people to [redacted] Hospital with minor injuries.

Police said [redacted], 40, of [redacted], had stopped near town hall to turn into a driveway when another car hit hers from behind.

Police said the airbag in the other car inflated and caught fire, burning the driver's legs. The fire was out before emergency crews arrived.

[redacted] and the other driver, [redacted] 20, of [redacted] were treated at the hospital and released, as were a passenger in [redacted] car, [redacted] 16, of [redacted] and two passengers whose names were not available.

The accident occurred at about 2:45 p.m.

No citations were issued.

U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____
2. Case Number - Stratum 94-23
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 93
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): 20
   Chevrolet
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): 019
   Corsica LT
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type 04
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	G	1	L	T	5	3	4	1	P	Y	(Serial # omitted)					

   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed 999
    Code to the nearest kph (NOTE: 000 means less than 0.5 kph)
    (160) 159.5 kph and above
    (999) Unknown

    __ __ mph X 1.6093 = __ __ __ kph

11. Police Reported Alcohol Presence 0
    (0) No alcohol present
    (1) Yes (alcohol present)
    (7) Not reported
    (8) No driver present
    (9) Unknown

    Note: See variables 37 through 55 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: _____

ACCIDENT RELATED

13. Speed Limit 048
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown

    30 mph X 1.6093 = 048 kph

14. Attempted Avoidance Maneuver 09
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify): _____
    (99) Unknown

15. Accident Type 20
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify): _____
    (99) Unknown

****** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ******

OCCUPANT RELATED

16. Driver Presence in Vehicle: 1
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle: 04
    (00-96) Code actual number of occupants for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted: 04

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,200
    ____Code weight to nearest 10 kilograms.
    (045) Less than 450 kilograms
    (610) 6,100 kilograms or more
    (999) Unknown

    2,665 lbs X .4536 = 1,209 kgs

    Source: HVMA specs

20. Vehicle Cargo Weight: 0,000
    ____Code weight to nearest 10 kilograms.
    (000) Less than 5 kilograms
    (450) 4,500 kilograms or more
    (999) Unknown

    ___,___ lbs X .4536 = ___,___ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 0
    (0) Not collision (for highest delta V) with tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify):

    (9) Unknown

24. Rollover: 0
    (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify):

    (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
    (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 0

26. Rear Override/Underride (this Vehicle): 0

    (0) No override/underride, or not an end-to-end impact

    Override (see specific CDC)
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify):

    Underride (see specific CDC)
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify):

    (7) Medium/heavy truck or bus override
    (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle: 046

28. Heading Angle For Other Vehicle: 046

29. Basis for Total Delta V (highest) 2

Delta V Calculated
(1) CRASH program—damage only routine
(2) CRASH program—damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

	Highest
30. Total Delta V	022 (14.0 mph)
_____ Nearest kph (highest)	
_____ Nearest kph (secondary)	

(NOTE: 000 means less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

		Highest
31. Longitudinal Component of Delta V	+ −	014 (8.4 mph)
_____ Nearest kph (highest)		
_____ Nearest kph (secondary)		

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

		Highest
32. Lateral Component of Delta V	+ −	000
_____ Nearest kph (highest)		
_____ Nearest kph (secondary)		

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption 025,200

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 1
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection 1
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):
_____

36. Is this an AOPS Vehicle? 1
(0) No
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence 7
(0) No other drug(s) present
(1) Yes [other drug(s) present]
(7) Not reported
(8) No driver present
(9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0
(0) No DEC process available or given
(1) DEC process given, results known
(2) DEC process given, results unknown
(3) DEC process available, unknown if given
(8) No driver present

39. Other Drug Specimen Test Type For Driver 0
(0) No specimen test given
(1) Blood test
(2) Urine test
(3) Other specimen tests (specify): _____
(7) Unspecified specimen test
(8) No driver present
(9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine (PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. 0	55. 0

Codes For DEC Test Results

(0) No DEC test given
(1) Passed DEC test
(2) Failed DEC test
(3) DEC test given—results unknown
(8) No driver present
(9) Unknown if DEC test given

Codes for Specimen Test Results

(0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code [redacted]

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 1
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
_____
(9) Unknown

58. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 0
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
_____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted 00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
_____
(8) Non-contact rollover forces (specify):
_____
(9) Unknown

63. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 13
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
_____
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 50

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(19) Unknown travel direction

Other Motor Vehicle In Lane
(50) Stopped
(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
(52) Traveling in same direction with higher speed
(53) Traveling in opposite direction
(54) In crossover
(55) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location

(98) Other critical precrash event (specify): _____
(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 1
(0) No avoidance maneuver
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(8) No driver present
(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1
(0) No avoidance maneuver
(1) Vehicle stayed in travel lane where avoidance maneuver was initiated
(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
(4) Vehicle departed roadway
(5) Avoidance maneuver initiated off roadway
(8) No driver present
(9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), *****
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: ——
2. Case Number - Stratum: 94-23
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

VIN: 1G1LT534 1PY (Serial # omitted) Model Year: 93

Vehicle Make (specify): Chevrolet Vehicle Model (specify): Corsica LT

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Entire Frontal Plane	Entire Frontal Plane

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	Bumper cover	129.5cm (51.0")	25.4 (10.0")	132cm (52")	25.4cm (10.0")	13.3cm (5.3")	8.9cm (3.5")	7.0cm (2.8")	8.3cm (3.3")	17.1cm (6.8")	0
	free space		12.1cm (4.8")		12.1cm (4.8")	3.8cm (1.5")	0.6cm (0.3")	0.6cm (0.3")	3.8cm (1.5")	12.1cm (4.8")	
	Resultant		13.3cm (5.2")		13.3cm (5.2")	9.5cm (3.8")	8.3cm (3.2")	6.4cm (2.5")	4.5cm (1.8")	5.0cm (2.0")	
	Bumper reinforcement		33cm (13")		33cm (13")	21.8 (8.6")	17.5cm (6.9")	17.5cm (6.9")	19.3cm (7.6")	16.5cm (6.5")	0
	free space		15.2cm (6.0")		15.2cm (6.0")	7.1cm (2.8")	3.8cm (1.5")	3.8cm (1.5")	7.1cm (2.8")	15.2 (6.0")	
	Resultant		17.8cm (7.0")		17.8cm (7.0")	14.7cm (5.8")	13.7cm (5.4")	13.7cm (5.4")	12.2cm (4.8")	1.3cm (0.5")	

HS Form 435A (Rev. 1/94)

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted

RF 1
LF 2
RR 2
LR 2

b. Tire deflated

RF 2
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	(103.4") 262.6	cm
Overall Length	(183.4") 465.8	cm
Maximum Width	(68.2") 173.2	cm
Curb Weight	(3665 lb) 1209	kg
Average Track	(55.4") 140.7	cm
Front Overhang	(38.0") 96.5	cm
Rear Overhang	(42.0") 106.7	cm
Undeformed End Width	(52.5") 133.4	cm
Engine Size: cyl./displ.	2.2L	L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± 0 2 °
LF ± 0 2 °
RR ± —— °
LR ± —— °

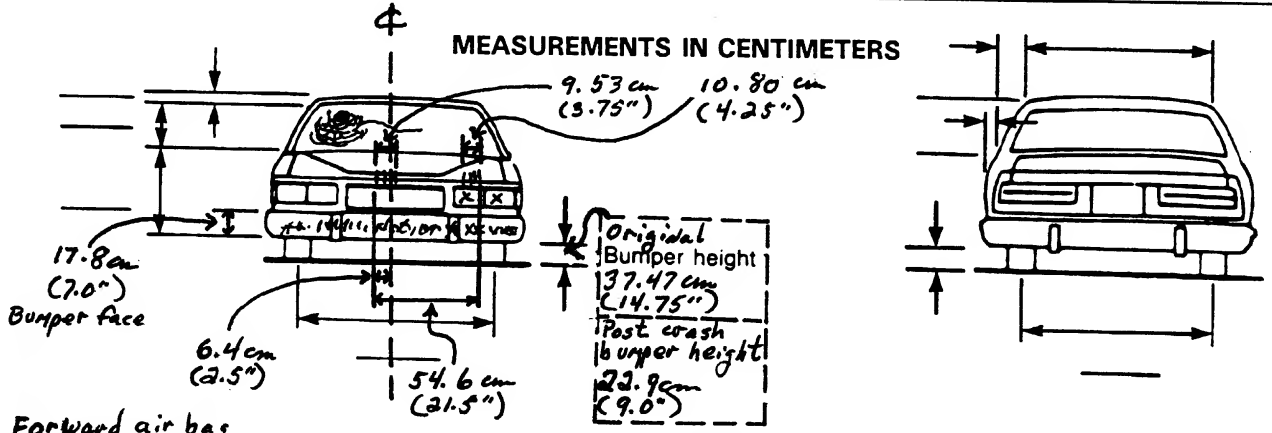
Within ± 5 degrees

DRIVE WHEELS

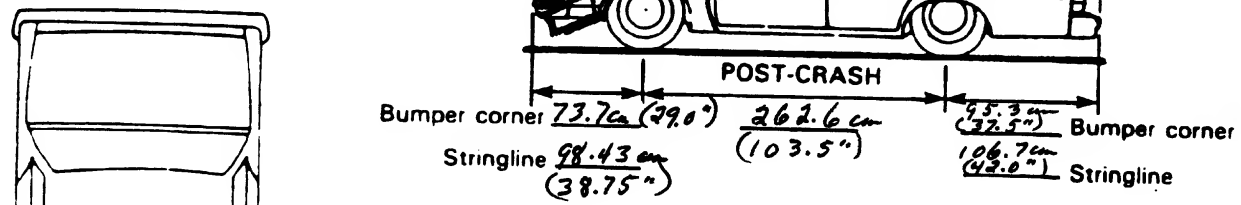
☒ FWD ☐ RWD ☐ 4WD

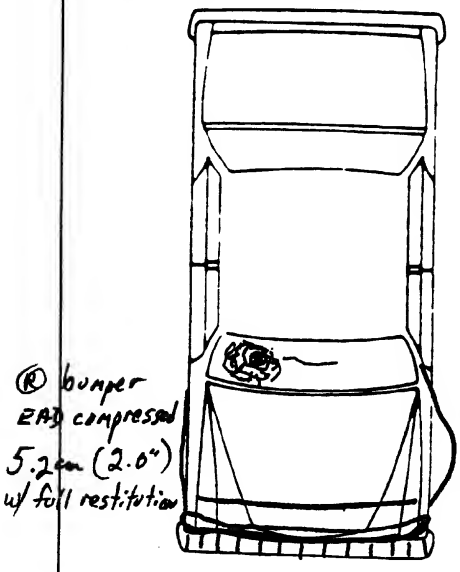
Approximate Cargo Weight None kg

MEASUREMENTS IN CENTIMETERS



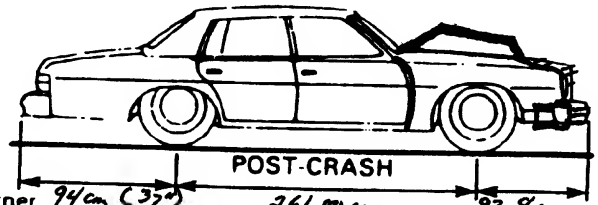
Forward air bag discriminating sensor located 17.8 cm (7.0") right of centerline on upper radiator support bracket





(R) bumper EAD compressed 5.2 cm (2.0") w/ full restitution

(L) bumper EAD compressed 5.4 cm (2.1") w/ full restitution



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	000	—	F	D	E	W	01

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 01	5. 02	6. 12	7. F	8. D	9. E	10. W	11. 01

Second Highest Delta "V"

12. ___	13. ___	14. ___	15. ___	16. ___	17. ___	18. ___	19. ___

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
133	018	015	014	014	012	001	+ 000

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
___	___	___	___	___	___	___	+ ___

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 263
___ Code to the nearest centimeter
(999) Unknown

___ . ___ inches X 2.54 = ___ centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications (specify): _____
(Include photograph of CERTIFICATION PLACARD in case report)
(9) Unknown if vehicle is modified

30. Fire Occurrence 0
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

31. Origin of Fire 0
(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____
(9) Unknown

32. Type of Fuel Tank-1 2

33. Type of Fuel Tank-2 0
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location 4

35. Fuel Tank-2 Location 0
(0) No fuel tank
(1) Aft of center of the rear wheels (rear axle) centered
(2) Aft of center of the rear wheels (rear axle) left side
(3) Aft of center of the rear wheels (rear axle) right side
(4) Forward of center of the rear wheels (rear axle) centered
(5) Forward of center of the rear wheels (rear axle) left side
(6) Forward of center of the rear wheels (rear axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

36. Fuel Tank-1 Filler Cap Location 3

37. Fuel Tank-2 Filler Cap Location 0
(0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on left side plane
(3) Aft of center of the rear wheels (rear axle) on right side plane
(4) Forward of center of the rear wheels (rear axle) on left side plane
(5) Forward of center of the rear wheels (rear axle) on right side plane
(6) Over the center of the rear wheels (rear axle) on left side plane
(7) Over the center of the rear wheels (rear axle) on right side plane
(8) Other (specify): _____
(9) Unknown

38. Fuel Tank-1 Damage 1

39. Fuel Tank-2 Damage 0
(0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

40. Location of Fuel System-1 Leakage 1

41. Location of Fuel System-2 Leakage 0
(0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage
(2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

42. Fuel Type-1 01

43. Fuel Type-2 00

Single Fuel Type
(00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles
(10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0
(0) No (one or two tanks only)

Yes - More Than Two Tanks
(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___
2. Case Number - Stratum 94- ___
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify): _____
(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify): _____
(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (epecify): _____
(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify): _____
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47.___	48.___	49.___	50.___
2nd	51.___	52.___	53.___	54.___
3rd	55.___	56.___	57.___	58.___
4th	59.___	60.___	61.___	62.___
5th	63.___	64.___	65.___	66.___
6th	67.___	68.___	69.___	70.___
7th	71.___	72.___	73.___	74.___
8th	75.___	76.___	77.___	78.___
9th	79.___	80.___	81.___	82.___
10th	83.___	84.___	85.___	86.___

No intrusion

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN

87. Steering Column Type — 2
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

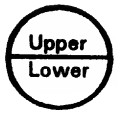
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation — 0 0
_____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation — 0 0
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading — 0 3 1 ,000
_____kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

19,486 miles X 1.6093 = 31,358 kilometers

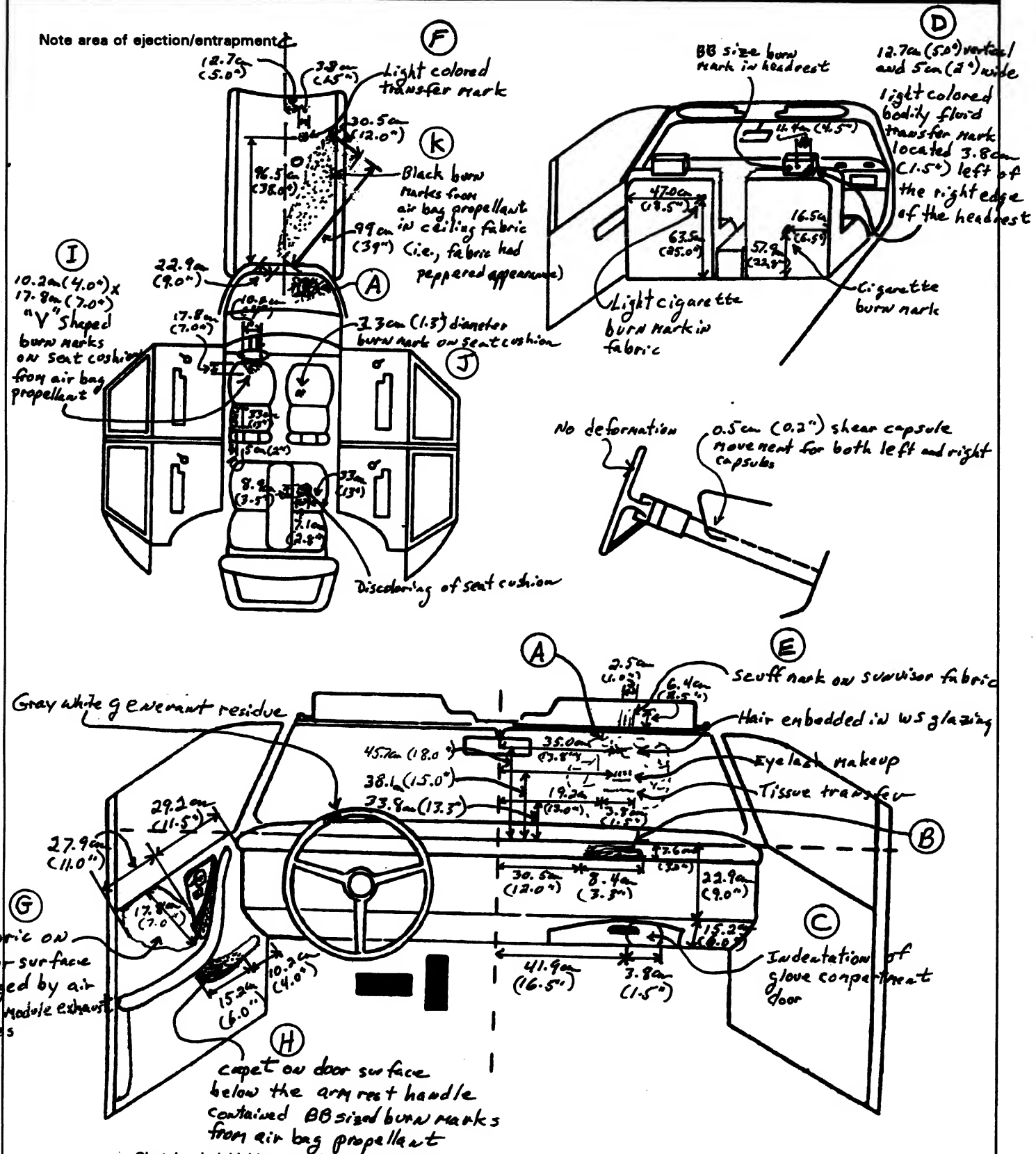
Source: _____

95. Instrument Panel Damage from Occupant Contact? — 1
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? — 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? — 1
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	2	Head/face	Hair embedded, Eyelash mascara, tissue transfer	1
B	11	2	Lower torso	Indentation	1
C	12	2	(R) Knee	Indentation	1
D	44	4	Face	Bodily fluid transfer	1
E	03	2	Head	Scuff mark on sun visor fabric	1
F	54	4	(L) Hand	Light tan mark	3
G	20	—	—	Singed fabric from air bag exhaust gas	1
H	21	—	—	BB size burn marks from air bag propellant pellets	1
I	40	—	—	Burn marks from air bag propellant pellets	1
J	40	—	—	" " " " " "	1
K	54	—	—	BB size burn marks from air bag propellant	1
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):_____
- (19) Other front object (specify):

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR
- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):_____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF
- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR
- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function	1	
	Deployment	1	
	Failure	2	

Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____
(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Are There Indications of Air Bag System Failure?
(0) Not equipped/not available
(1) No
(2) Yes (specify): Air bag module separated from steering column
(9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data **for each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		4
	Evidence of usage	4		4
	Used in this crash?	4		0
	Proper Use	1		0
	Failure Modes	1		0
SECOND	Availability	4	3	4
	Evidence of usage	4	0	4
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability
- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed
- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts
- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly
- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident
- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3		3
	Seat Type	01		01
	Seat Performance	1		1
	Seat Orientation	1		1
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral — no damage
(2) Integral — damaged during accident
(3) Adjustable — no damage
(4) Adjustable — damaged during accident
(5) Add-on — no damage
(6) Add-on — damaged during accident
(8) Other Specify): _____
(9) Unknown

Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed specify: _____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [✓] Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ___
2. Case Number - Stratum 94-23
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 86
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): 20
   Chevrolet
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): 017
   Celebrity
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type 06
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	G	1	A	W	3	5	X	0	G	G	(Serial # omitted)					

   Left justify; Slash zeros and letter Z (Ø and Z)
   No VIN—Code all zeros
   Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed 000
    Code to the nearest kph (NOTE: 000 means less than 0.5 kph)
    (160) 159.5 kph and above
    (999) Unknown

    ___ mph X 1.6093 = ___ kph

11. Police Reported Alcohol Presence 0
    (0) No alcohol present
    (1) Yes (alcohol present)
    (7) Not reported
    (8) No driver present
    (9) Unknown

    Note: See variables 37 through 55 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: _____

ACCIDENT RELATED

13. Speed Limit 048
    (000) No statutory limit
    Code posted or statutory speed limit in kph
    (999) Unknown

    ___ mph X 1.6093 = ___ kph

14. Attempted Avoidance Maneuver 01
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify):
    _____
    (99) Unknown

15. Accident Type 22
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify):
    _____
    (99) Unknown

****** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ******

OCCUPANT RELATED

16. Driver Presence in Vehicle: 1
(0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle: 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted: 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 1,410
____Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

3,116 lbs X .4536 = 1,413 kgs

Source: MVMA Specs

20. Vehicle Cargo Weight: 0,000
0 Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

___,___ lbs X .4536 = ___,___ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
(0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
(0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

24. Rollover: 0
(0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
(1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

(5) Rollover--end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 0

26. Rear Override/Underride (this Vehicle): 0

(0) No override/underride, or not an end-to-end impact

Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle: 046

28. Heading Angle For Other Vehicle: 046

29. Basis for Total Delta V (highest) 2

Delta V Calculated
(1) CRASH program—damage only routine
(2) CRASH program—damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Highest

30. Total Delta V 022 (14.0 mph)

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of Delta V (+) − 022 (14.0 mph)

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

Highest

32. Lateral Component of Delta V + − 000

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: __000 means greater than −0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption 031,900

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 1
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection 1
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):
_____

36. Is this an AOPS Vehicle? 0
(0) No
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence 7
(0) No other drug(s) present
(1) Yes [other drug(s) present]
(7) Not reported
(8) No driver present
(9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0
(0) No DEC process available or given
(1) DEC process given, results known
(2) DEC process given, results unknown
(3) DEC process available, unknown if given
(8) No driver present

39. Other Drug Specimen Test Type For Driver 9
(0) No specimen test given
(1) Blood test
(2) Urine test
(3) Other specimen tests (specify): _____
(7) Unspecified specimen test
(8) No driver present
(9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 9
Depressant Drug	42. 0	43. 9
Stimulant Drug	44. 0	45. 9
Hallucinogen Drug	46. 0	47. 9
Cannabinoid Drug	48. 0	49. 9
Phencyclidine (PCP)	50. 0	51. 9
Inhalant Drug	52. 0	53. 9
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. 0	55. 9

Codes For DEC Test Results

(0) No DEC test given
(1) Passed DEC test
(2) Failed DEC test
(3) DEC test given—results unknown
(8) No driver present
(9) Unknown if DEC test given

Codes for Specimen Test Results

(0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code [redacted]

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 1
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify): _____
(9) Unknown

58. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 0
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify): _____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted 00

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(8) Non-contact rollover forces (specify): _____
(9) Unknown

63. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 04
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(98) No driver present
(99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 5 2

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(19) Unknown travel direction

Other Motor Vehicle In Lane
(50) Stopped
(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
(52) Traveling in same direction with higher speed
(53) Traveling in opposite direction
(54) In crossover
(55) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location

(98) Other critical precrash event (specify): _____
(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 0
(0) No avoidance maneuver
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(8) No driver present
(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 0
(0) No avoidance maneuver
(1) Vehicle stayed in travel lane where avoidance maneuver was initiated
(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
(4) Vehicle departed roadway
(5) Avoidance maneuver initiated off roadway
(8) No driver present
(9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *****
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation
National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: ____
2. Case Number - Stratum: 94-23
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN 1G1AW35X0GG (Serial # omitted) Model Year 86

Vehicle Make (specify): Chevrolet Vehicle Model (specify): Celebrity

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Begins 54.6 cm (21.5") ⓡ of ℄	Entire rear plane

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	Rear Bumper 2.6cm (3.0") above bottom edge of bumper	137.2cm (54.0")	27.9cm (11.0")	160.0cm (63.0")	7.4cm (2.9")	5.8cm (2.3")	16.8cm (6.6")	16.5cm (6.5")	11.4cm (4.5")	7.6cm (3.0")	14.0cm (5.5")
	Free space		1.5cm (0.6")		2.5cm (1.0")	0.8cm (0.3")	0	0	0.8cm (0.3")	2.5 (1.0")	
	Resultant	located along bottom edge of bumper (9.6") ⓡ of ℄	26.4 (10.4") 22.9cm		4.5cm (1.9")	5.0cm (2.0")	16.8cm (6.6")	16.5cm (6.5")	10.6cm (4.2")	5.1cm (2.0")	

HS Form 435A (Rev. 1/94)

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

	a. Rotation physically restricted	b. Tire deflated
RF	2	2
LF	2	2
RR	1	2
LR	1	2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF ~~TRANSMISSION~~

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	(104.9") 266.4	cm
Overall Length	(188.3") 478.3	cm
Maximum Width	(69.3") 176.0	cm
Curb Weight	(3116 lbs) 1413	kg
Average Track	(57.9") 147.1	cm
Front Overhang	(40.5") 102.9	cm
Rear Overhang	(42.9") 109.0	cm
Undeformed End Width	(63.0") 160.0	cm
Engine Size: cyl./displ.	2.8	L

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF ± 00 °
LF ± 00 °
RR ± 00 °
LR ± 00 °

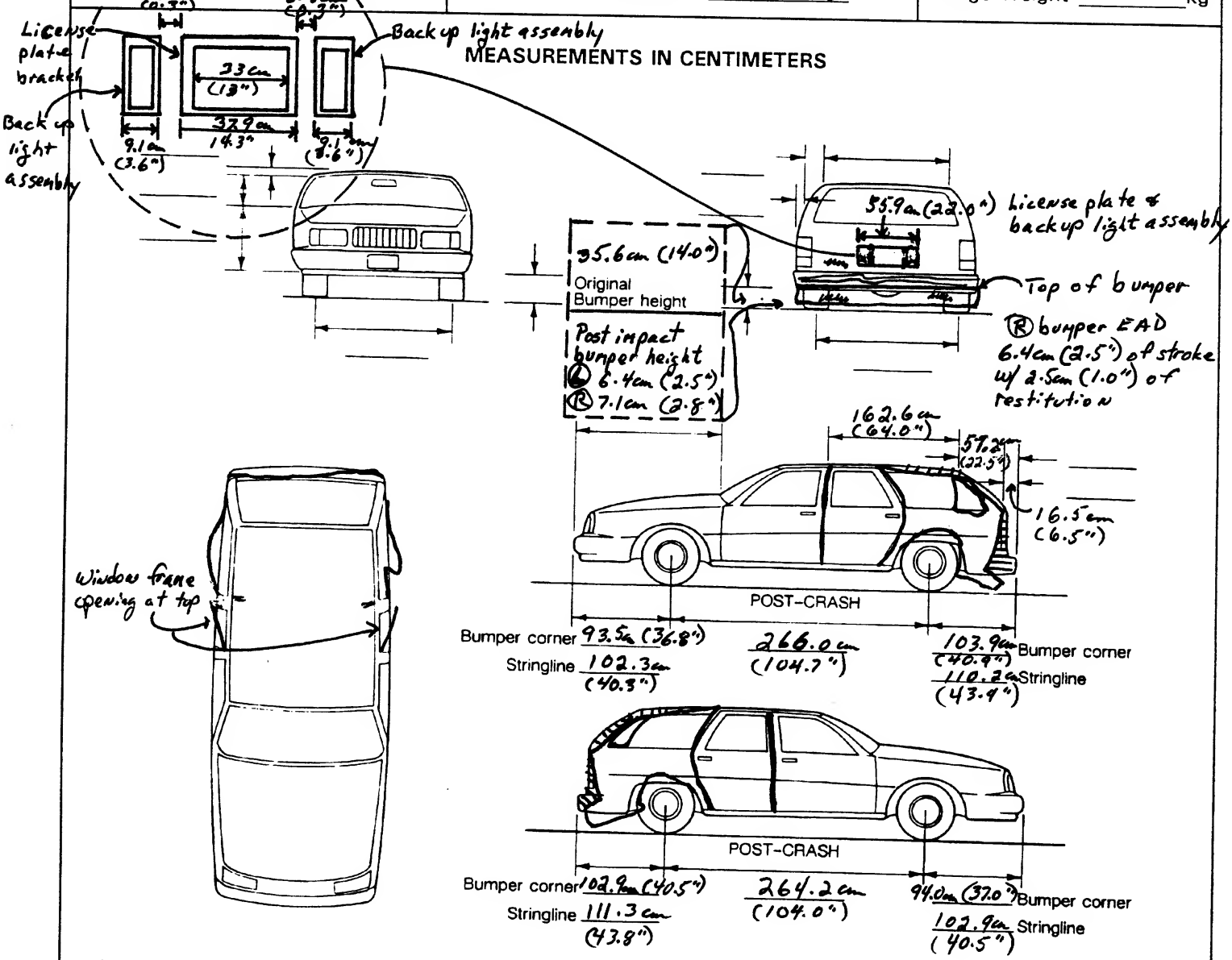
Within ± 5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight Toys ____ kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	180	40	B	D	E	W	02

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 01	5. 01	6. 46	7. B	8. D	9. E	10. W	11. 02

Second Highest Delta "V"

12.	13.	14.	15.	16.	17.	18.	19.

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
160	005	005	017	017	011	005	+ 014

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
							+ −

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 266
Code to the nearest centimeter
(999) Unknown

___.__ inches X 2.54 = ___ centimeters

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications (specify): _____
_____
_____
(Include photograph of CERTIFICATION PLACARD in case report)
(9) Unknown if vehicle is modified

30. Fire Occurrence 0
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

31. Origin of Fire 0
(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify):
_____
(9) Unknown

32. Type of Fuel Tank-1 1

33. Type of Fuel Tank-2 0
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

34. Fuel Tank-1 Location 4

35. Fuel Tank-2 Location 0
(0) No fuel tank
(1) Aft of center of the rear wheels (rear axle) centered
(2) Aft of center of the rear wheels (rear axle) left side
(3) Aft of center of the rear wheels (rear axle) right side
(4) Forward of center of the rear wheels (rear axle) centered
(5) Forward of center of the rear wheels (rear axle) left side
(6) Forward of center of the rear wheels (rear axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify):
_____
(9) Unknown

36. Fuel Tank-1 Filler Cap Location 2

37. Fuel Tank-2 Filler Cap Location 0
(0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle) on left side plane
(3) Aft of center of the rear wheels (rear axle) on right side plane
(4) Forward of center of the rear wheels (rear axle) on left side plane
(5) Forward of center of the rear wheels (rear axle) on right side plane
(6) Over the center of the rear wheels (rear axle) on left side plane
(7) Over the center of the rear wheels (rear axle) on right side plane
(8) Other (specify):_____
(9) Unknown

38. Fuel Tank-1 Damage 1

39. Fuel Tank-2 Damage 0
(0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify):
_____
(9) Unknown

40. Location of Fuel System-1 Leakage 1

41. Location of Fuel System-2 Leakage 0
(0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage
(2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

42. Fuel Type-1 01

43. Fuel Type-2 00

Single Fuel Type
(00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles
(10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0
(0) No (one or two tanks only)

Yes - More Than Two Tanks
(1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number — __
2. Case Number - Stratum 94-23
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00
   (00) No integrity loss

   Yes, Integrity Was Lost Through
   (01) Windshield
   (02) Door (side)
   (03) Door/hatch (back door)
   (04) Roof
   (05) Roof glass
   (06) Side window
   (07) Rear window (backlight)
   (08) Roof and roof glass
   (09) Windshield and door (side)
   (10) Windshield and roof
   (11) Side and rear window (side window and backlight)
   (12) Windshield and side window
   (13) Door and side window
   (98) Other combination of above (specify): _____
   (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 3 8. RR 3 9. TG/H 3

   (0) No door/gate/hatch
   (1) Door/gate/hatch remained closed and operational
   (2) Door/gate/hatch came open during collision
   (3) Door/gate/hatch jammed shut
   (8) Other (specify): _____
   (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

   (0) No door/gate/hatch or door not opened

   Door, Tailgate or Hatch Came Open During Collision
   (1) Door operational (no damage)
   (2) Latch/striker failure due to damage
   (3) Hinge failure due to damage
   (4) Door structure failure due to damage
   (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
   (6) Latch/striker and hinge failure due to damage
   (8) Other failure (specify): _____
   (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

   (0) No glazing damage from impact forces
   (2) Glazing in place and cracked from impact forces
   (3) Glazing in place and holed from impact forces
   (4) Glazing out-of-place (cracked or not) and not holed from impact forces
   (5) Glazing out-of-place and holed from impact forces
   (6) Glazing disintegrated from impact forces
   (7) Glazing removed prior to accident
   (8) No glazing
   (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

   (0) No occupant contact to glazing or no glazing
   (1) Glazing contacted by occupant but no glazing damage
   (2) Glazing in place and cracked by occupant contact
   (3) Glazing in place and holed by occupant contact
   (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
   (5) Glazing out-of-place by occupant contact and holed by occupant contact
   (6) Glazing disintegrated by occupant contact
   (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

   (0) No glazing contact and no damage, or no glazing
   (1) AS-1 — Laminated
   (2) AS-2 — Tempered
   (3) AS-3 — Tempered-tinted
   (4) AS-14 — Glass/Plastic
   (8) Other (specify): _____
   (9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

   (0) No glazing contact and no damage, or no glazing
   (1) Fixed
   (2) Closed
   (3) Partially opened
   (4) Fully opened
   (9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 21	48. 19	49. 2	50. 2
2nd	51. 98	52. 17	53. 1	54. 1
3rd	55.	56.	57.	58.
4th	59.	60.	61.	62.
5th	63.	64.	65.	66.
6th	67.	68.	69.	70.
7th	71.	72.	73.	74.
8th	75.	76.	77.	78.
9th	79.	80.	81.	82.
10th	83.	84.	85.	86.

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN

87. Steering Column Type — 2
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

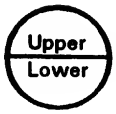
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation — 0 0
_____Code actual measured deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

93. Location of Steering Rim/Spoke Deformation — 0 0
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading — 1 2 0 ,000
_____kilometers—Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

74703 miles X 1.6093 = 120,220 kilometers

Source: Vehicle Inspection

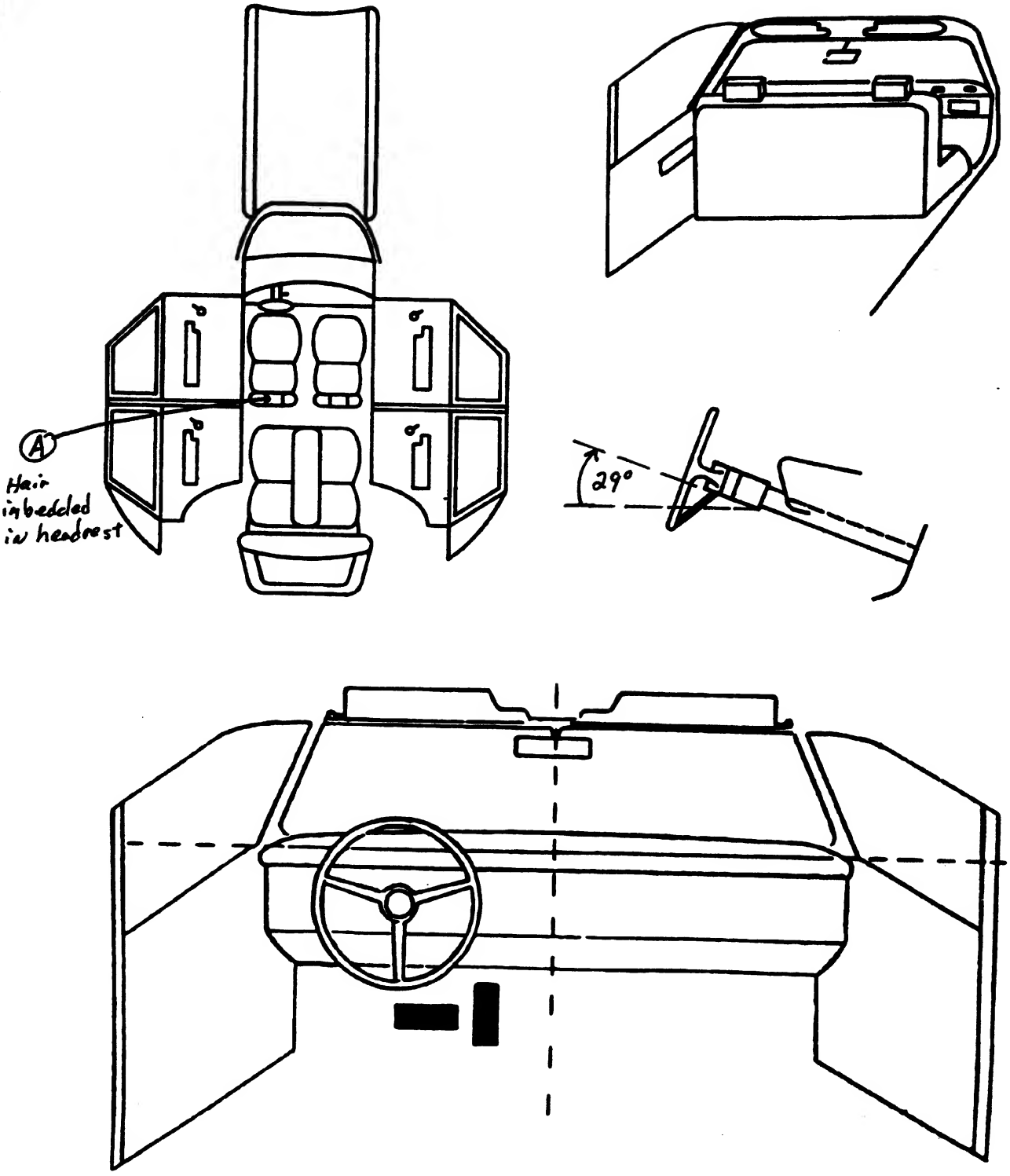
95. Instrument Panel Damage from Occupant Contact? — 0
(0) No
(1) Yes
(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? — 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? — 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	44	1	Head	Hair imbedded in fabric	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):_____
- (19) Other front object (specify):

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR
- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):_____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF
- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR
- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data **for each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	04	03	04
	Evidence of usage	04	03	04
	Used in this crash?	04	—	—
	Proper Use	01	—	—
	Failure Modes	00	—	—
SECOND	Availability	03	03	03
	Evidence of usage	03	03	03
	Used in this crash?	—	—	—
	Proper Use	—	—	—
	Failure Modes	—	—	—
OTHER	Availability	9		9
	Evidence of usage	seat jammed		
	Used in this crash?	in closed position		
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability
- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed
- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

Manual (Active) Belt System Use
- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts
- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly
- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident
- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3 (In down position)	0	3
	Seat Type	03	03	03
	Seat Performance	5	5	5
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	01	01	01
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type	/	/	/
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral — no damage
(2) Integral — damaged during accident
(3) Adjustable — no damage
(4) Adjustable — damaged during accident
(5) Add-on — no damage
(6) Add-on — damaged during accident
(8) Other Specify): _____
(9) Unknown

Seat Type (this Occupant Position)

(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Performance (this Occupant Position)

(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed specify: _____
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): _____
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [✓] Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

_____

_____

_____

_____

_____

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify):
_____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
_____
(5) Integral structure
(8) Other medium (specify):
_____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [✓] Yes [ ]

Describe entrapment mechanism: _____

_____

_____

_____

_____

Component(s): _____

_____

(Note in vehicle interior diagram)

BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: ___
2. Case Number - Stratum: 94-23
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 20
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 180 (<71")
Code actual height to the nearest centimeter.
(999) Unknown

___ ___ inches X 2.54 = ___ ___ ___ centimeters

8. Occupant's Weight: 111 (245 lbs)
Code actual weight to the nearest kilogram.
(999)Unknown

___ ___ ___ pounds X .4536 = ___ ___ ___ kilograms

9. Occupant's Role: 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position: 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture: 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area 0
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium 0
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment 0
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability — 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use — 04
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify): _____

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts — 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident — 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____

(6) Broken retractor
(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function — 1
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment — 1
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure? — 2
(0) Not equipped/not available
(1) No
(2) Yes (specify): Air bag module separated from steering wheel
(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use — 5
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position: 3
    - (0) No head restraints
    - (1) Integral—no damage
    - (2) Integral—damaged during accident
    - (3) Adjustable—no damage
    - (4) Adjustable—damaged during accident
    - (5) Add-on—no damage
    - (6) Add-on—damaged during accident
    - (8) Other (specify): _____
    - (9) Unknown

26. Seat Type (this Occupant Position): 01
    - (00) Occupant not seated or no seat
    - (01) Bucket
    - (02) Bucket with folding back
    - (03) Bench
    - (04) Bench with separate back cushions
    - (05) Bench with folding back(s)
    - (06) Split bench with separate back cushions
    - (07) Split bench with folding back(s)
    - (08) Pedestal (i.e., column supported)
    - (09) Other seat type (specify): _____
    - (10) Box mounted seat (i.e., van type)
    - (99) Unknown

27. Seat Performance (this Occupant Position): 1
    - (0) Occupant not seated or no seat
    - (1) No seat performance failure(s)
    - (2) Seat adjusters failed
    - (3) Seat back folding locks or "seat back" failed (specify): _____
    - (4) Seat track/anchors failed
    - (5) Deformed by impact of occupant
    - (6) Deformed by passenger compartment intrusion (specify): _____
    - (7) Combination of above (specify): _____
    - (8) Other (specify): _____
    - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify): _____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify): _____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify): _____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify): _____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify): _____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):
_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):
_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):
_____
(9) Unknown

37. Hospital Stay 00

(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 99

_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 03

_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 0
    (0) Not equipped/not available
    (1) 2 point automatic belts
    (2) 3 point automatic belts
    (3) Automatic belts - type unknown

    Non-functional
    (4) Automatic belts destroyed or rendered inoperative
    (9) Unknown

45. Automatic (Passive) Belt System Use — 0
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Automatic belt in use
    (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
    (3) Automatic belt use unknown
    (9) Unknown

46. Automatic (Passive) Belt System Type — 0
    (0) Not equipped/not available
    (1) Non-motorized system
    (2) Motorized system
    (9) Unknown

47. Proper Use of Automatic (Passive) Belt System — 0
    (0) Not equipped/not available/not used
    (1) Automatic belt used properly
    (2) Automatic belt used properly with child safety seat

    Automatic Belt Used Improperly
    (3) Automatic shoulder belt worn under arm
    (4) Automatic shoulder belt worn behind back
    (5) Automatic belt worn around more than one person
    (6) Lap portion of automatic belt worn on abdomen
    (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
    (8) Other improper use of automatic belt system (specify): _____
    (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — 0
    (0) Not equipped/not available/not in use
    (1) No automatic belt failure(s)
    (2) Torn webbing (stretched webbing not included)
    (3) Broken buckle or latchplate
    (4) Upper anchorage separated
    (5) Other anchorage separated (specify): _____
    (6) Broken retractor
    (7) Combination of above (specify):
    (8) Other automatic belt failure (specify): _____
    (9) Unknown

49. Seat Orientation (this Occupant Position) — 1
    (0) Occupant not seated or no seat
    (1) Forward facing seat
    (2) Rear facing seat
    (3) Side facing seat (inward)
    (4) Side facing seat (outward)
    (8) Other (specify): _____
    (9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[✓] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify): _____
[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 15
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

51. Was the Occupant Given Blood? 1
    (1) No - blood not given
    (2) Yes - blood given (specify units):_____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 01
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Vehicle inspection
    (2) Official injury data
    (3) Driver/occupant interview
    (8) Other (specify):_____
    (9) Unknown if belt used

BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: —
2. Case Number - Stratum: 94-23
3. Vehicle Number: 01
4. Occupant Number: 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 3	6. 9	7. 9	8. 20	9. 06	10. 1	11. 0	12. 49* * Airbag Deployment	13. 1	14. 1	15. 00
2nd	16. 3	17. 2	18. 9	19. 06	20. 02	21. 1	22. 8	23. 49*	24. 1	25. 1	26. 00
3rd	27. 3	28. 7	29. 9	30. 04	31. 02	32. 1	33. 2	34. 41	35. 1	36. 1	37. 00
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

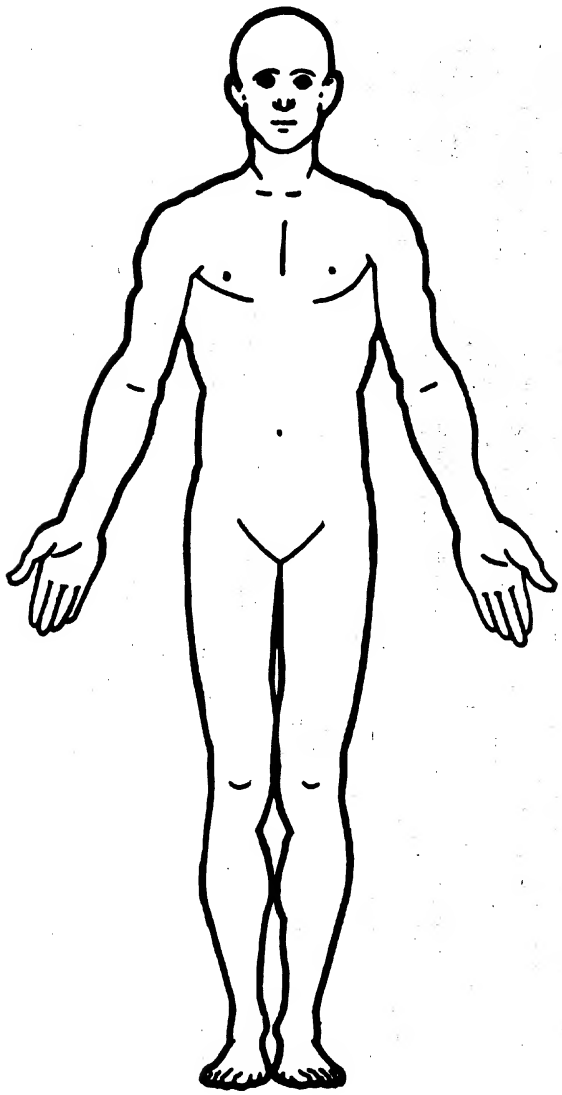
2nd Degree Burn
Knee Under Chin
Hematoma left Shoulder

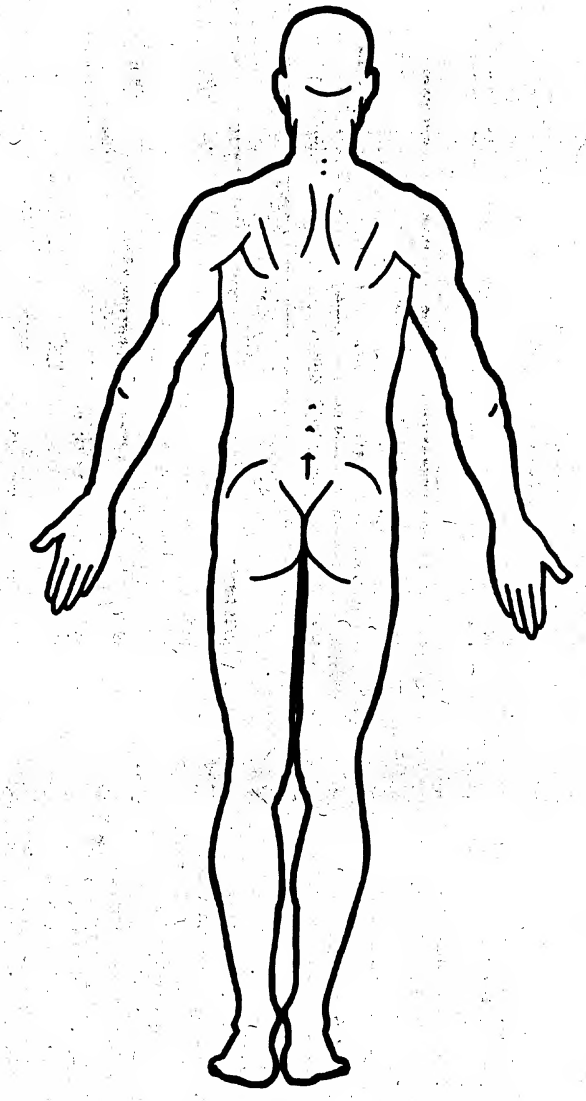
OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital/medical records
(2) Hospital/medical records other than emergency room (e.g., discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):
(19) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):
(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):
(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):
(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):
(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(46) Other occupants (specify):
(47) Interior loose objects
(48) Child safety seat (specify):
(49) Other interior object (specify):

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):
(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)
(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):
(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)
(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

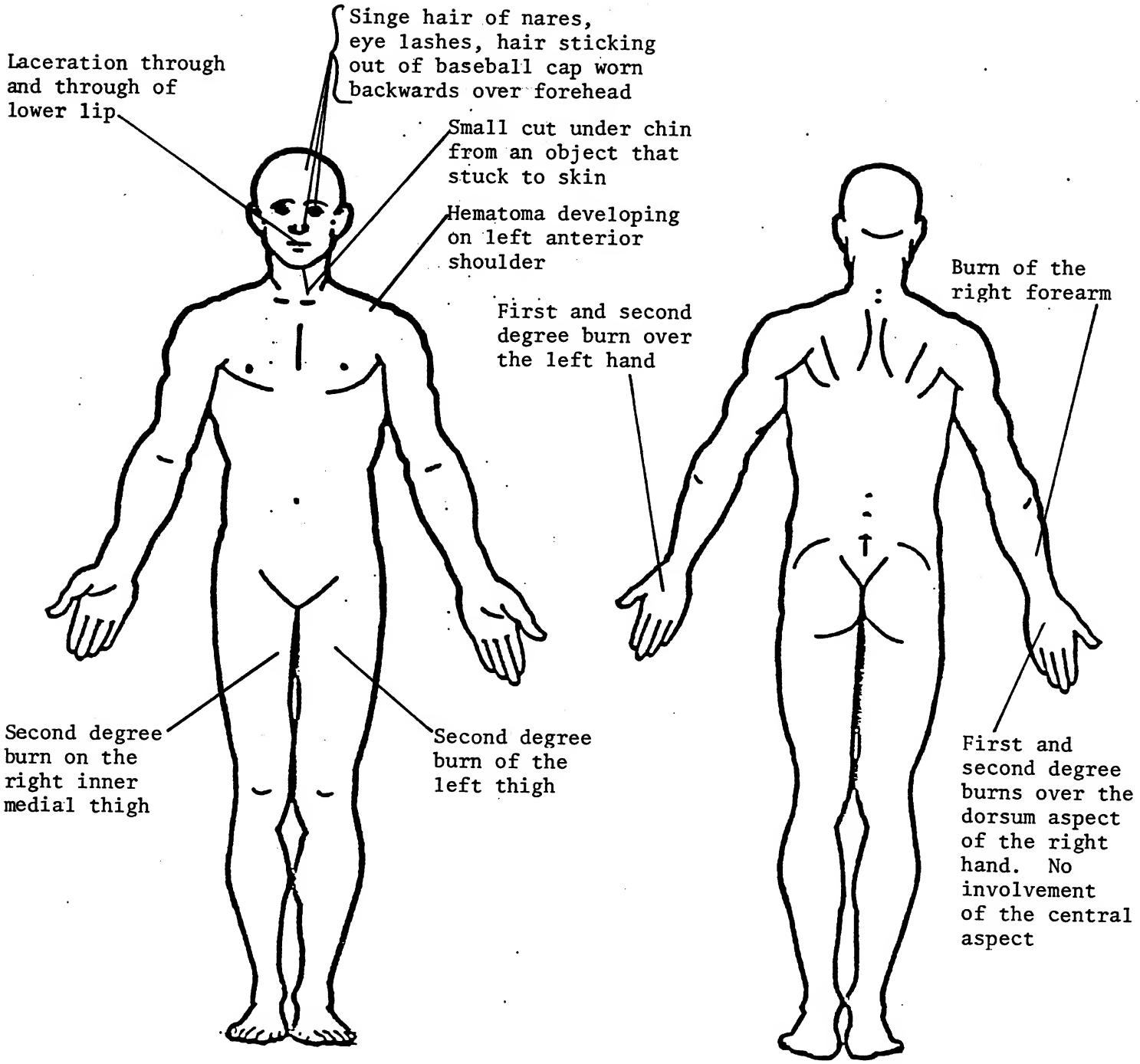
Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

CALSPAN CASE NO. 94-23
DRIVER OF VEHICLE #1



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number — __
2. Case Number - Stratum 94-23
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 15
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 165 (65")
Code actual height to the nearest centimeter.
(999) Unknown

__ __ inches X 2.54 = __ __ __ centimeters

8. Occupant's Weight 054 (120 lbs)
Code actual weight to the nearest kilogram.
(999)Unknown

__ __ __ pounds X .4536 = __ __ __ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 8
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): legs crossed w/ (R) foot in front
(9) Unknown

left w/ upper body turned slightly toward driver

EJECTION/ENTRAPMENT

12. Ejection 0
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area 0
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium 0
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment 0
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use 00
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify):
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function 0
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment 0
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify):

(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position: 3
    - (0) No head restraints
    - (1) Integral—no damage
    - (2) Integral—damaged during accident
    - (3) Adjustable—no damage
    - (4) Adjustable—damaged during accident
    - (5) Add-on—no damage
    - (6) Add-on—damaged during accident
    - (8) Other (specify): _____
    - (9) Unknown

26. Seat Type (this Occupant Position): 01
    - (00) Occupant not seated or no seat
    - (01) Bucket
    - (02) Bucket with folding back
    - (03) Bench
    - (04) Bench with separate back cushions
    - (05) Bench with folding back(s)
    - (06) Split bench with separate back cushions
    - (07) Split bench with folding back(s)
    - (08) Pedestal (i.e., column supported)
    - (09) Other seat type (specify): _____
    - (10) Box mounted seat (i.e., van type)
    - (99) Unknown

27. Seat Performance (this Occupant Position): ___
    - (0) Occupant not seated or no seat
    - (1) No seat performance failure(s)
    - (2) Seat adjusters failed
    - (3) Seat back folding locks or "seat back" failed (specify): _____
    - (4) Seat track/anchors failed
    - (5) Deformed by impact of occupant
    - (6) Deformed by passenger compartment intrusion (specify): _____
    - (7) Combination of above (specify): _____
    - (8) Other (specify): _____
    - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):
_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):
_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):
_____
(9) Unknown

37. Hospital Stay 00

(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 97

_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 01

_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function 0
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use 0
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type 0
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position) 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[✓] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify):

[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — 97
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

51. Was the Occupant Given Blood? — 1
    (1) No - blood not given
    (2) Yes - blood given (specify units):_____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO_3 — 97
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination — 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Vehicle inspection
    (2) Official injury data
    (3) Driver/occupant interview
    (8) Other (specify):_____
    (9) Unknown if belt used

BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: —
2. Case Number - Stratum: 94-23
3. Vehicle Number: 01
4. Occupant Number: 02

INJURY DATA

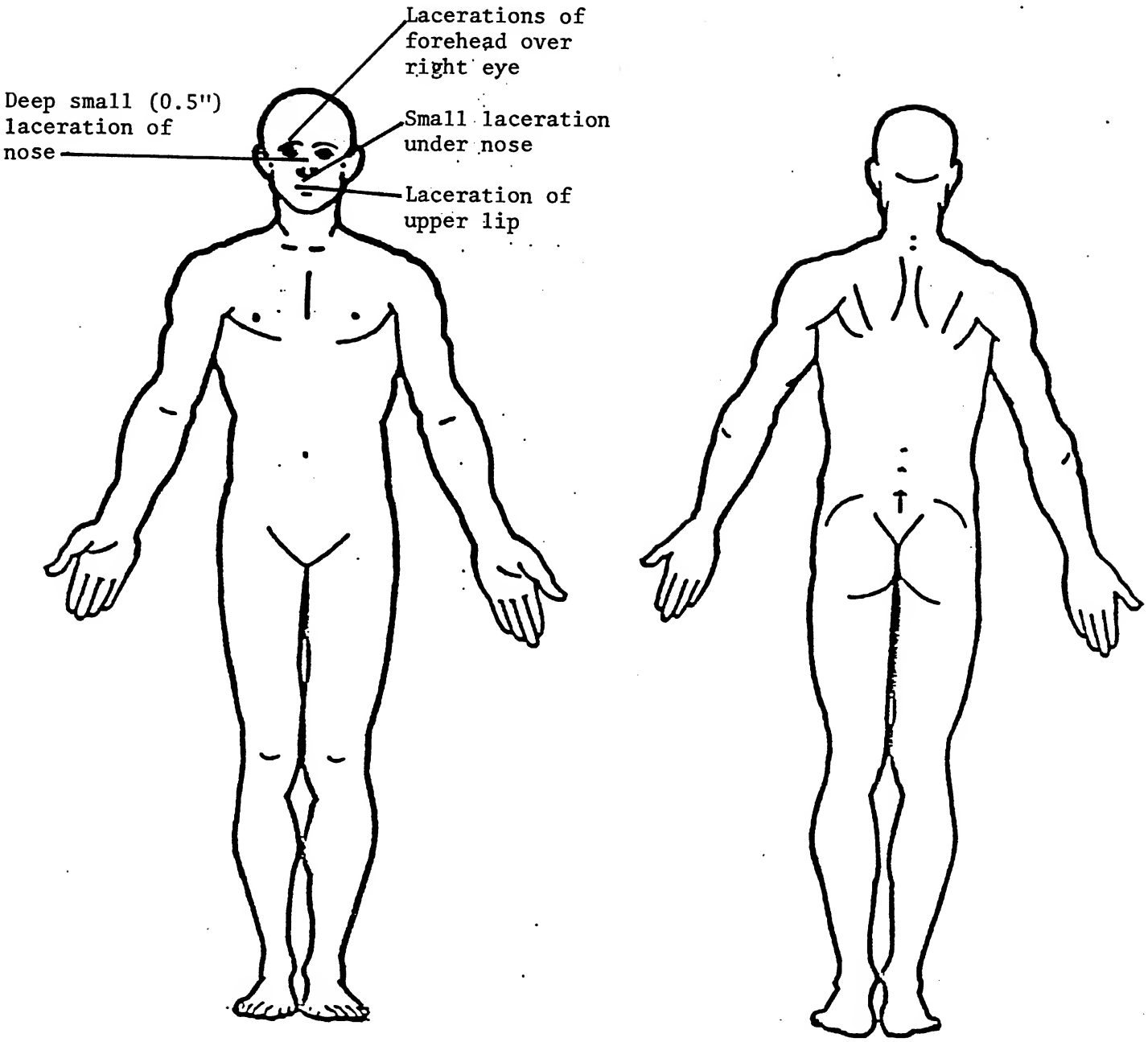
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 3	6. 2	7. 9	8. 06	9. 02	10. 1	11. 0	12. 01	13. 1	14. 1	15. 03
2nd	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.
3rd	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

OCCUPANT INJURY DATA

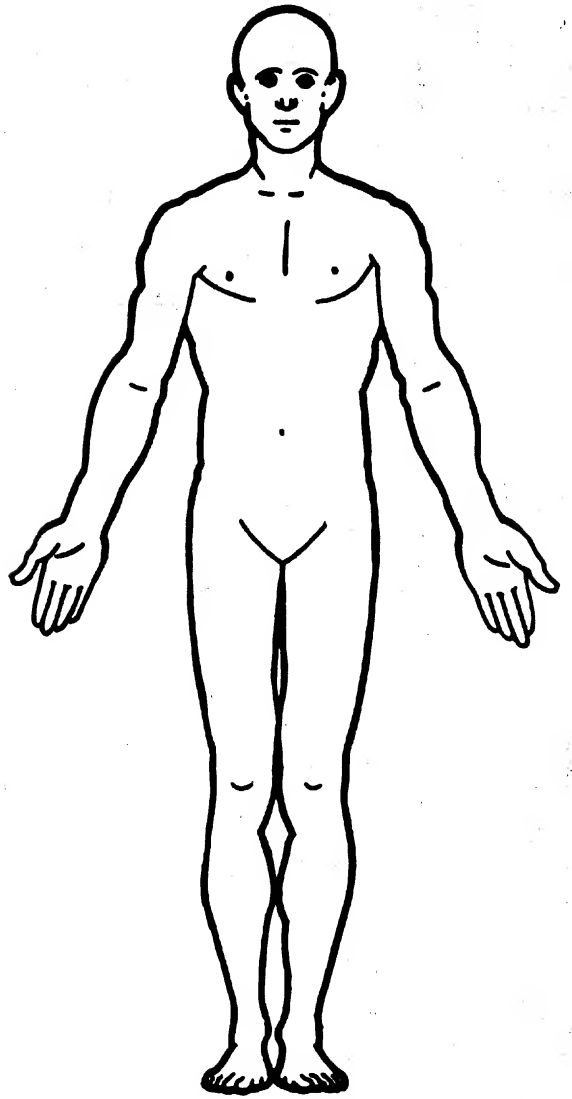
	Source of Injury Data	A.I.S. - 90 Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th											
12th											
13th											
14th											
15th											
16th											
17th											
18th											
19th											
20th											
21st											
22nd											
23rd											
24th											
25th											

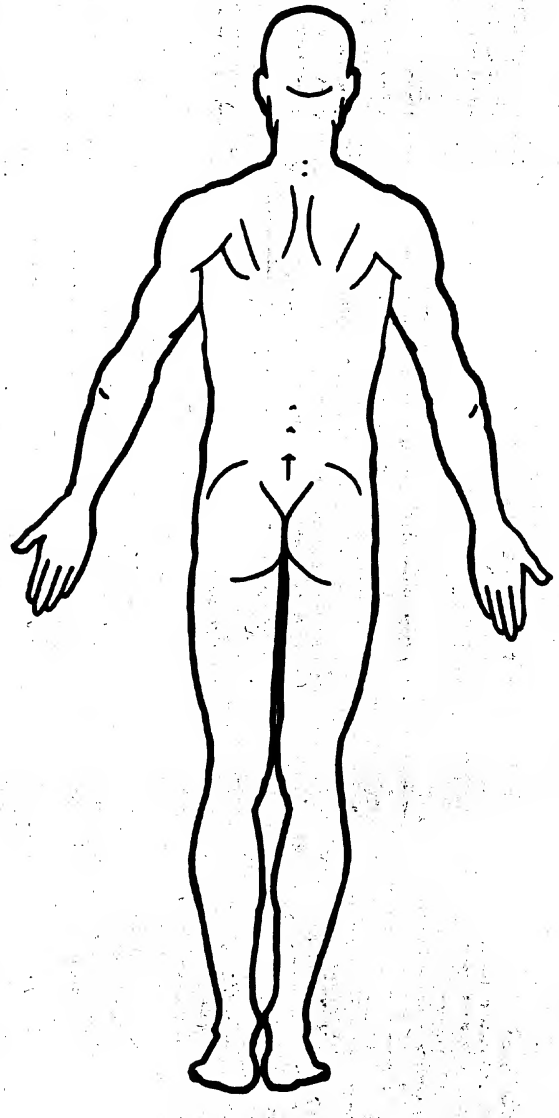
CALSPAN CASE NO. 94-23
RIGHT FRONT PASSENGER VEHICLE #1



OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital/medical records
(2) Hospital/medical records other than emergency room (e.g., discharge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

_____

(9) Police

INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
(16) Driver side air bag compartment cover
(17) Passenger side air bag compartment cover
(18) Windshield reinforced by exterior object (specify):_____
(19) Other front object (specify):

_____

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A (A1/A2)-pillar
(23) Left B-pillar
(24) Other left pillar (specify):

_____

(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

_____

(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A (A1/A2)-pillar
(33) Right B-pillar
(34) Other right pillar (specify):

_____

(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
(37) Other right side object (specify):

_____

(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar or door frame attachment point
(43) Other restraint system component (specify):_____
(44) Head restraint system
(45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
(46) Other occupants (specify):

_____

(47) Interior loose objects
(48) Child safety seat (specify):

_____

(49) Other interior object (specify):

_____

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

_____

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):_____
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

_____

(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)

_____

(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):

_____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)

_____

(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):_____
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

(1) Head
(2) Face
(3) Neck
(4) Thorax
(5) Abdomen
(6) Spine
(7) Upper Extremity
(8) Lower Extremity
(9) Unspecified

Type of Anatomic Structure

(1) Whole Area
(2) Vessels
(3) Nerves
(4) Organs (includes muscles/ligaments)
(5) Skeletal (includes joints)
(6) Head - LOC
(9) Skin

Specific Anatomic Structure

Whole Area
(02) Skin - Abrasion
(04) Skin - Contusion
(06) Skin - Laceration
(08) Skin - Avulsion
(10) Amputation
(20) Burn
(30) Crush
(40) Degloving
(50) Injury - NFS
(90) Trauma, other than mechanical

Head - LOC
(02) Length of LOC
(04, 06, 08) Level of Consciousness
(10) Concussion

Spine
(02) Cervical
(04) Thoracic
(06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Serious injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

Aspect

(1) Right
(2) Left
(3) Bilateral
(4) Central
(5) Anterior
(6) Posterior
(7) Superior
(8) Inferior
(9) Unknown
(0) Whole region

BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number — —
2. Case Number - Stratum 94-23
3. Vehicle Number 01
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown

___ ___ inches X 2.54 = ___ ___ ___ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown

___ ___ ___ pounds X .4536 = ___ ___ ___ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 21

Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ____
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area ____
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium ____
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) ____
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment ____
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 07
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify): _____

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____

(6) Broken retractor
(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 0
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment 0
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 5
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position: 1
    - (0) No head restraints
    - (1) Integral—no damage
    - (2) Integral—damaged during accident
    - (3) Adjustable—no damage
    - (4) Adjustable—damaged during accident
    - (5) Add-on—no damage
    - (6) Add-on—damaged during accident
    - (8) Other (specify): _____
    - (9) Unknown

26. Seat Type (this Occupant Position): 05
    - (00) Occupant not seated or no seat
    - (01) Bucket
    - (02) Bucket with folding back
    - (03) Bench
    - (04) Bench with separate back cushions
    - (05) Bench with folding back(s)
    - (06) Split bench with separate back cushions
    - (07) Split bench with folding back(s)
    - (08) Pedestal (i.e., column supported)
    - (09) Other seat type (specify): _____
    - (10) Box mounted seat (i.e., van type)
    - (99) Unknown

27. Seat Performance (this Occupant Position): 1
    - (0) Occupant not seated or no seat
    - (1) No seat performance failure(s)
    - (2) Seat adjusters failed
    - (3) Seat back folding locks or "seat back" failed (specify): _____
    - (4) Seat track/anchors failed
    - (5) Deformed by impact of occupant
    - (6) Deformed by passenger compartment intrusion (specify): _____
    - (7) Combination of above (specify): _____
    - (8) Other (specify): _____
    - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ___0000___
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):
_____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat ___0___
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):
_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ___00___
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):
_____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):
_____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):
_____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ___00___

32. Child Safety Seat Shield Usage ___00___

33. Child Safety Seat Tether Usage ___00___

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____
(9) Unknown

37. Hospital Stay 00

(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 97

_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

_____
(97) Other result (includes fatal ruled disease) (specify):

_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 00

_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 0
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use — 0
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type — 0
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System — 0
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — 0
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position) — 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[ ] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify):

[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) 97
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

51. Was the Occupant Given Blood? 1
    (1) No - blood not given
    (2) Yes - blood given (specify units):_____
    (9) Unknown if blood given

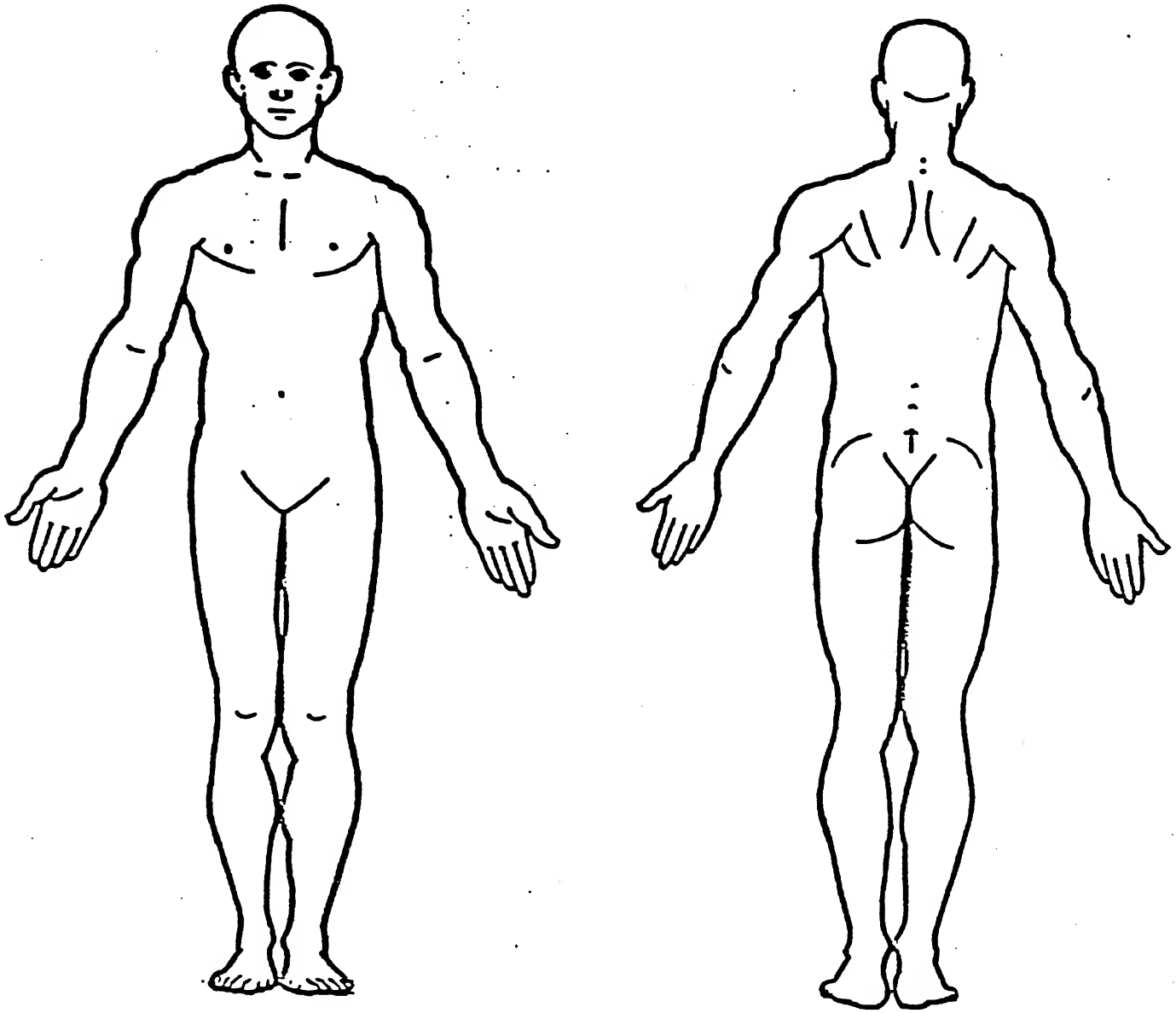
52. Arterial Blood Gases (ABG) – HCO_3 97
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Vehicle inspection
    (2) Official injury data
    (3) Driver/occupant interview
    (8) Other (specify):_____
    (9) Unknown if belt used

CALSPAN CASE NO. 94-23
LEFT REAR PASSENGER VEHICLE #1

NOT INJURED



BEST AVAILABLE

Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number — —
2. Case Number - Stratum 94-23
3. Vehicle Number 01
4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 16
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest centimeter.
(999) Unknown
___ inches X 2.54 = ___ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest kilogram.
(999) Unknown
___ pounds X .4536 = ___ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 23
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection: 0
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area: 0
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify): _____
    (9) Unknown

14. Ejection Medium: 0
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify): _____
    (5) Integral structure
    (8) Other medium (specify): _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact): 0
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment: 0
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

RESTRAINT SYSTEM EVALUATION

ual (Active) Belt System Availability 4
None available
Belt removed/destroyed
Shoulder belt
Lap belt
Lap and shoulder belt
Belt available—type unknown

egral Belt Partially Destroyed
Shoulder belt (lap belt destroyed/removed)
Lap belt (shoulder belt destroyed/removed)
Other belt (specify):
9) Unknown

Manual (Active) Belt System Use 00
00) None used, not available, or belt removed/destroyed
01) Inoperative (specify):
02) Shoulder belt
03) Lap belt
04) Lap and shoulder belt
05) Belt used—type unknown
08) Other belt used (specify):
12) Shoulder belt used with child safety seat
13) Lap belt used with child safety seat
14) Lap and shoulder belt used with child safety seat
15) Belt used with child safety seat—type unknown
18) Other belt used with child safety seat (specify):
99) Unknown if belt used

Proper Use of Manual (Active) Belts 0
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
(8) Other improper use of manual belt system (specify):
(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other manual belt failure (specify):
(9) Unknown

21. Air Bag System Availability/Function 0
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify):
(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment 0
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify):
(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify):
(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position — 1
    - (0) No head restraints
    - (1) Integral—no damage
    - (2) Integral—damaged during accident
    - (3) Adjustable—no damage
    - (4) Adjustable—damaged during accident
    - (5) Add-on—no damage
    - (6) Add-on—damaged during accident
    - (8) Other (specify): _____
    - (9) Unknown

26. Seat Type (this Occupant Position) — 05
    - (00) Occupant not seated or no seat
    - (01) Bucket
    - (02) Bucket with folding back
    - (03) Bench
    - (04) Bench with separate back cushions
    - (05) Bench with folding back(s)
    - (06) Split bench with separate back cushions
    - (07) Split bench with folding back(s)
    - (08) Pedestal (i.e., column supported)
    - (09) Other seat type (specify): _____
    - (10) Box mounted seat (i.e., van type)
    - (99) Unknown

27. Seat Performance (this Occupant Position) — 1
    - (0) Occupant not seated or no seat
    - (1) No seat performance failure(s)
    - (2) Seat adjusters failed
    - (3) Seat back folding locks or "seat back" failed (specify): _____
    - (4) Seat track/anchors failed
    - (5) Deformed by impact of occupant
    - (6) Deformed by passenger compartment intrusion (specify): _____
    - (7) Combination of above (specify): _____
    - (8) Other (specify): _____
    - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):
_____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):
_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):
_____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):
_____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):
_____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4
(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):
_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):
_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2
(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):
_____
(9) Unknown

37. Hospital Stay 00
(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 97
_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00
_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00
_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):
_____
(97) Other result (includes fatal ruled disease) (specify):
_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 00
_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 0
    (0) Not equipped/not available
    (1) 2 point automatic belts
    (2) 3 point automatic belts
    (3) Automatic belts - type unknown

    Non-functional
    (4) Automatic belts destroyed or rendered inoperative
    (9) Unknown

45. Automatic (Passive) Belt System Use — 0
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Automatic belt in use
    (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
    (3) Automatic belt use unknown
    (9) Unknown

46. Automatic (Passive) Belt System Type — 0
    (0) Not equipped/not available
    (1) Non-motorized system
    (2) Motorized system
    (9) Unknown

47. Proper Use of Automatic (Passive) Belt System — 0
    (0) Not equipped/not available/not used
    (1) Automatic belt used properly
    (2) Automatic belt used properly with child safety seat

    Automatic Belt Used Improperly
    (3) Automatic shoulder belt worn under arm
    (4) Automatic shoulder belt worn behind back
    (5) Automatic belt worn around more than one person
    (6) Lap portion of automatic belt worn on abdomen
    (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
    (8) Other improper use of automatic belt system (specify): _____
    (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — 0
    (0) Not equipped/not available/not in use
    (1) No automatic belt failure(s)
    (2) Torn webbing (stretched webbing not included)
    (3) Broken buckle or latchplate
    (4) Upper anchorage separated
    (5) Other anchorage separated (specify): _____
    (6) Broken retractor
    (7) Combination of above (specify):
    (8) Other automatic belt failure (specify): _____
    (9) Unknown

49. Seat Orientation (this Occupant Position) — 1
    (0) Occupant not seated or no seat
    (1) Forward facing seat
    (2) Rear facing seat
    (3) Side facing seat (inward)
    (4) Side facing seat (outward)
    (8) Other (specify): _____
    (9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[ ] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify): _____
[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — 97
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

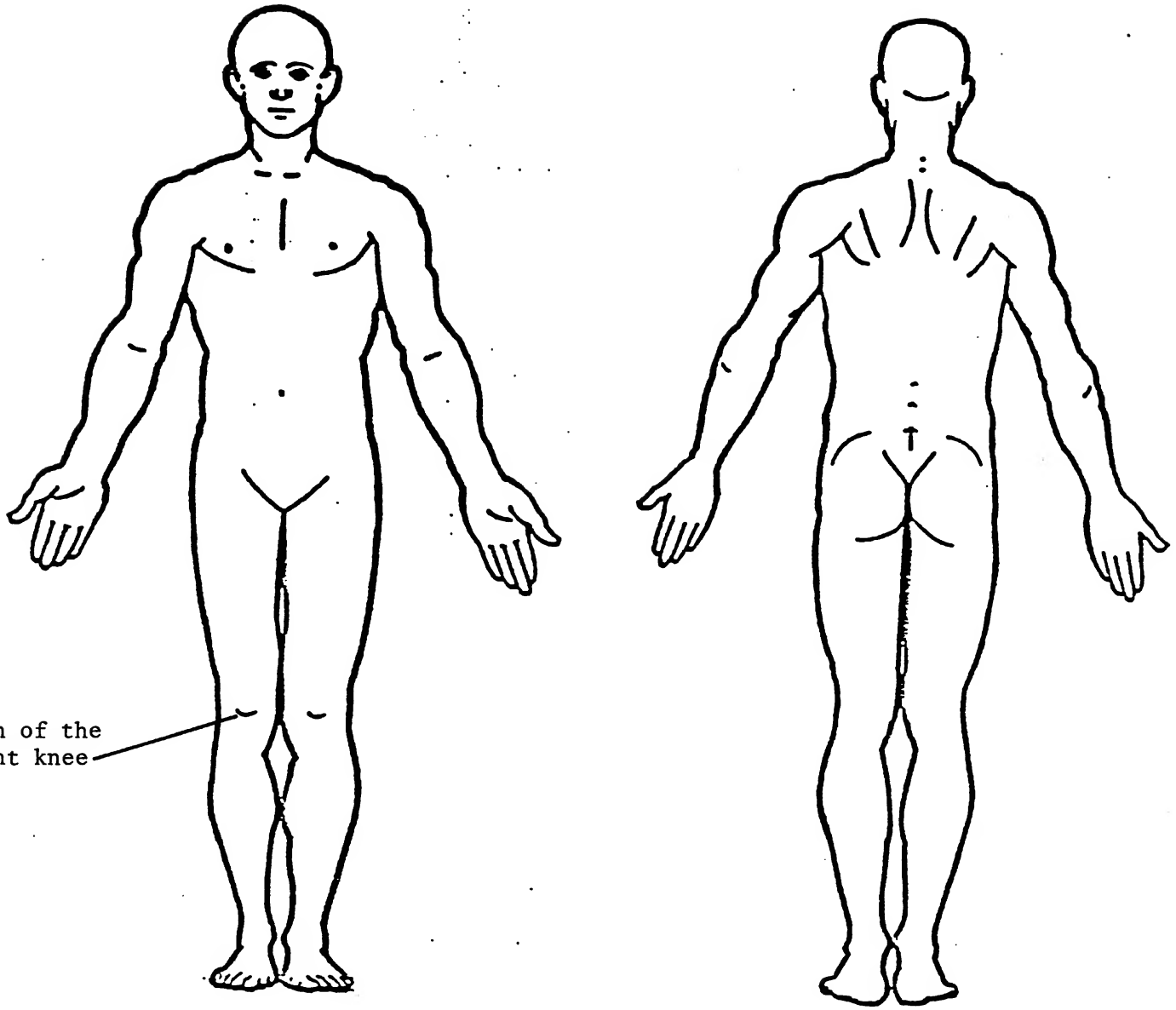
51. Was the Occupant Given Blood? — 1
    (1) No - blood not given
    (2) Yes - blood given
    (specify units):_____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO_3 — 97
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination — 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Vehicle inspection
    (2) Official injury data
    (3) Driver/occupant interview
    (8) Other (specify):_____
    (9) Unknown if belt used

CALSPAN CASE NO. 94-23
RIGHT REAR PASSENGER VEHICLE #1



BEST AVAILABLE

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: —
2. Case Number - Stratum: 94-23
3. Vehicle Number: 02
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 40
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 168 (66")
Code actual height to the nearest centimeter.
(999) Unknown

__ __ inches X 2.54 = __ __ __ centimeters

8. Occupant's Weight: 064 (140lbs)
Code actual weight to the nearest kilogram.
(999)Unknown

__ __ __ pounds X .4536 = __ __ __ kilograms

9. Occupant's Role: 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position: 11

Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture: 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection ____
    (0) No ejection
    (1) Complete ejection
    (2) Partial ejection
    (3) Ejection, unknown degree
    (9) Unknown

13. Ejection Area ____
    (0) No ejection
    (1) Windshield
    (2) Left front
    (3) Right front
    (4) Left rear
    (5) Right rear
    (6) Rear
    (7) Roof
    (8) Other area (e.g., back of pickup, etc.) (specify):_____
    (9) Unknown

14. Ejection Medium ____
    (0) No ejection
    (1) Door/hatch/tailgate
    (2) Nonfixed roof structure
    (3) Fixed glazing
    (4) Nonfixed glazing (specify):
    _____
    (5) Integral structure
    (8) Other medium (specify):
    _____
    (9) Unknown

15. Medium Status (Immediately Prior To Impact) ____
    (0) No ejection
    (1) Open
    (2) Closed
    (3) Integral structure
    (9) Unknown

16. Entrapment ____
    (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
    (0) Not entrapped
    (1) Entrapped
    (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability — 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use — 04
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify):
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts — 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident — 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function — 0
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment — 0
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Are There Indications of Air Bag System Failure? — 0
(0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use — 5
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify):

(8) Restrained, type unknown
(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position — 3
    - (0) No head restraints
    - (1) Integral—no damage
    - (2) Integral—damaged during accident
    - (3) Adjustable—no damage
    - (4) Adjustable—damaged during accident
    - (5) Add-on—no damage
    - (6) Add-on—damaged during accident
    - (8) Other (specify): _____
    - (9) Unknown

26. Seat Type (this Occupant Position) — 03
    - (00) Occupant not seated or no seat
    - (01) Bucket
    - (02) Bucket with folding back
    - (03) Bench
    - (04) Bench with separate back cushions
    - (05) Bench with folding back(s)
    - (06) Split bench with separate back cushions
    - (07) Split bench with folding back(s)
    - (08) Pedestal (i.e., column supported)
    - (09) Other seat type (specify): _____
    - (10) Box mounted seat (i.e., van type)
    - (99) Unknown

27. Seat Performance (this Occupant Position) — 5
    - (0) Occupant not seated or no seat
    - (1) No seat performance failure(s)
    - (2) Seat adjusters failed
    - (3) Seat back folding locks or "seat back" failed (specify): _____
    - (4) Seat track/anchors failed
    - (5) Deformed by impact of occupant
    - (6) Deformed by passenger compartment intrusion (specify): _____
    - (7) Combination of above (specify): _____
    - (8) Other (specify): _____
    - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify): _____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify): _____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify): _____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify): _____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify): _____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 4
(0) No treatment
(1) Fatal
(2) Fatal - ruled disease (specify):

_____

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2
(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____
(9) Unknown

37. Hospital Stay 00
(00) Not Hospitalized
____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 99
____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00
____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00
____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

_____
(97) Other result (includes fatal ruled disease) (specify):

_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 00
____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function — 0
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use — 0
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type — 0
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive) Belt System — 0
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of automatic belt system (specify): _____
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident — e
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify): _____
(9) Unknown

49. Seat Orientation (this Occupant Position) — 1
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

Check the Primary Source Used In Determining Belt Use.

[ ] Not equipped/not available/destroyed or rendered inoperative
[ ] Vehicle inspection
[ ] Official injury data
[ ] Driver/occupant interview
[ ] Other (specify): _____
[ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

UPDATE CANDIDATE? NO [ ] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) — 97
    (00) Not injured
    (01) Injured - not treated at medical facility
    (02) No GCS Score at medical facility
    (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
    (97) Injured, details unknown
    (99) Unknown if injured

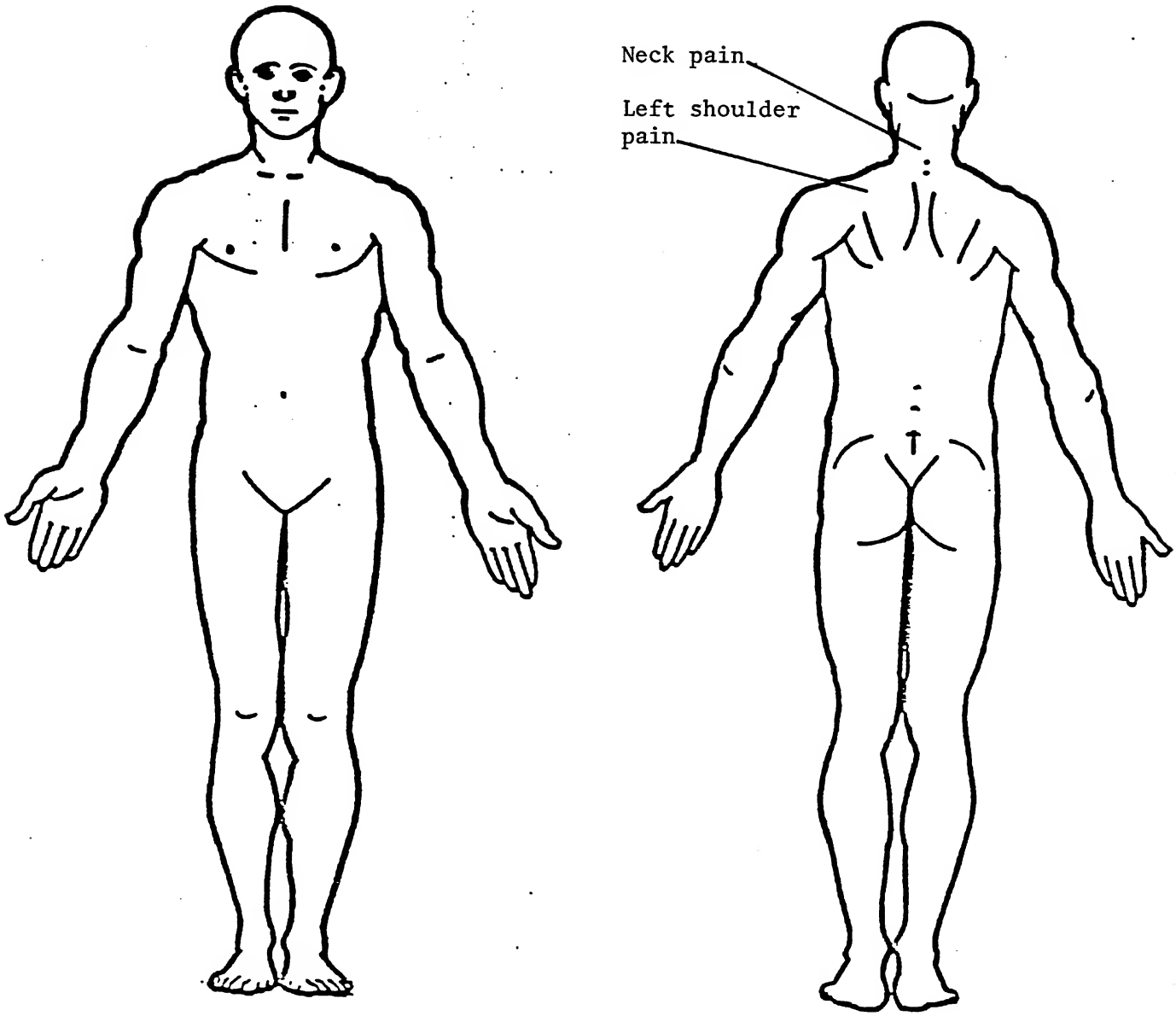
51. Was the Occupant Given Blood? — 1
    (1) No - blood not given
    (2) Yes - blood given
    (specify units):_____
    (9) Unknown if blood given

52. Arterial Blood Gases (ABG) – HCO_3 — 97
    (00) Not injured
    (01) Injured, ABGs not measured or reported
    (02-50) Code the actual value of the HCO_3
    (96) ABGs reported , HCO_3 unknown
    (97) Injured, details unknown
    (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination — 1
    (0) Not equipped/not available/destroyed or rendered inoperative
    (1) Vehicle inspection
    (2) Official injury data
    (3) Driver/occupant interview
    (8) Other (specify):_____
    (9) Unknown if belt used

CALSPAN CASE NO. 94-23
DRIVER OF VEHICLE #2



BEST AVAILABLE

SEND ONE COPY TO:
REGISTRAR OF MOTOR VEHICLES
[redacted] STREET
NAME OF POLICE DEPT. SUBMITTING REPORT
[redacted]

NOT TO BE USED BY OPERATOR
MUST TYPE OR PRINT

COMMONWEALTH OF [redacted]
POLICE REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY
[redacted]

Date of Accident Mo	Day	Yr	Day of the Week		Hour
[redacted]	[redacted]	94	S M T W T F S (4)	A.M. 1 P.M. X 2	2:45

Did you notice any indication that an operator had been taking any medication or drugs? Check One: YES 1 NO 2 X
To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells? YES 1 NO 2 X (explain on reverse)

Was this Accident investigated by an Officer? If Yes, Check One Box Below
1 Registry 2 MDC 3 Other 4 State Police 5 X Local Police

VEHICLE 1

Name of Operator [redacted]
Number of Vehicles Involved: 2
Date of Birth MO [redacted] DA [redacted] YR 54
Sex 1 M 2 X F
Street Address [redacted] City/Town [redacted] State [redacted] Zip
Driver's License Number and State [redacted]
Owners Name and Address (if same, write "same"): same
Registration Number and State [redacted]
Name of Insurance Company only may be written here [redacted]
Year: 1986 Make Type: Chevrolet Cel. s/w
Approximate Cost to Repair: $ +1000.
Describe Damage to Vehicle: Rear bumper, L&R quarter
Fire Damage YES 1 NO 2 X
Parked Car YES 1 NO 2 X

VEHICLE 2

Name of Operator [redacted] Phone [redacted] Zip [redacted]
Date of Birth M [redacted] DA [redacted] YR 73
Sex 1 X M 2 F
Street Address [redacted] City/Town [redacted] State [redacted]
Driver's License Number and State [redacted]
Owners Name and Address (if same, write "same"): same Phone [redacted] Zip [redacted]
Registration Number and State [redacted]
Name of Insurance Company only may be written here [redacted]
Year: 1993 Make Type: Chevrolet Corsica
Approximate Cost to Repair: $ +1000.
Describe Damage to Vehicle: F bumper, hood, grill, L&R fender
Fire Damage YES 1 NO 2 X
Parked Car YES 1 NO 2 X

OTHER

Describe Other Property Damage
Approximate Cost to Repair $
Name of Property Owner Address
1 State 2 MDC 3 Municipal

WITNESSES

Other Witnesses or Persons Present	Address	Phone
		Bus. Res.
		Bus Res.

Number Injured: 5
To what hospital was injured taken? [redacted]
Taken by Ambulance? YES 1 X NO 2

INJURED 1

Name of Injured [redacted] Street – as above City/Town State
Age: 40 Sex: 1 M 2 X F
Ejected from Vehicle: YES 1 NO 2 X
INJURY SEVERITY: 1 Killed; 2 Serious Visible Injury; 3 Minor Visible Injury; 4 X No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS (Yes / No / ?): 1 X Safety Belt Used; 2 Child Restraint Used; 3 Helmet Used; 4 Air Bag Used
PERSON INJURED: 1 X Operator, 2 Passenger (In Vehicle No 1); 3 Passenger In Train, Bus, Etc.; 4 Operator, 5 Passenger (On Motorcycle); 6 Pedestrian; 7 Bicyclist; 8 Moped; 9 Other

INJURED 2

Name of Injured [redacted] Street – as above City/Town State
Age: 20 Sex: 1 X M 2 F
Ejected from Vehicle: YES 1 NO 2 X
INJURY SEVERITY: 1 Killed; 2 Serious Visible Injury; 3 X Minor Visible Injury; 4 No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS (Yes / No / ?): 1 X Safety Belt Used; 2 Child Restraint Used; 3 Helmet Used; 4 X Air Bag Used
PERSON INJURED: 1 X Operator, 2 Passenger (In Vehicle No 2); 3 Passenger In Train, Bus, Etc; 4 Operator, 5 Passenger (On Motorcycle); 6 Pedestrian; 7 Bicyclist; 8 Moped; 9 Other

INJURED 3

Name of Injured [redacted] Street [redacted] City/Town [redacted] State [redacted]
Age: 16 Sex: 1 M 2 X F
Ejected from Vehicle: YES 1 NO 2 X
INJURY SEVERITY: 1 Killed; 2 Serious Visible Injury; 3 X Minor Visible Injury; 4 No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used; 2 Child Restraint Used; 3 Helmet Used; 4 Air Bag Used
PERSON INJURED: 1 Operator, 2 X Passenger (In Vehicle No 2); 3 Passenger In Train, Bus, Etc; 4 Operator, 5 Passenger (On Motorcycle); 6 Pedestrian; 7 Bicyclist; 8 Moped; 9 Other

[redacted]

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

BEST AVAILABLE

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8½ x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

LOCATION

City or Town Where Accident Occurred: [redacted]

Nearest Mile Marker:

Number of Lanes: 2

At Rotary: 1 [ ] Yes 2 [X] No

Street Name or Route Number: [redacted]

at intersection with: [redacted]

Which direction was each vehicle traveling?

	N	S	E	W
Vehicle No 1	X			
No 2	X			

Or — If not at intersection, fill in below:

300 feet [X] N [ ] S [ ] E [ ] W Of nearest intersection, bridge, mile marker, railroad.

Other Landmarks:

If Accident Occurred on Ramp Fill in Below:

1 [ ] On ramp to route number ____ going N [ ] S [ ] E [ ] W

2 [ ] On ramp from route number ____ going N [ ] S [ ] E [ ] W

TYPE

Accident Involved Collision With:

1 [ ] Pedestrian
2 [X] Motor Vehicle in Traffic
3 [ ] Motor Vehicle Parked
4 [ ] Railroad Train
5 [ ] Ran off roadway hit fixed object ____ feet from road
6 [ ] Bicycle
7 [ ] Overturned in road
8 [ ] Ran off roadway — non-collision
9 [ ] Fixed object on shoulder sidewalk or island
A [ ] School Bus
B [ ] Truck
C [ ] Moped
D [ ] Other

If collision involved two or more vehicles mark one of the following:

1 [X] Rear End 2 [ ] Angle 3 [ ] Head On

COLLISION CONDITIONS

What were vehicles doing prior to accident? Mark appropriate box

	Vehicle 1	Vehicle 2	
1			Making right turn
2	X		Making left turn
3			Making U turn
4		X	Going straight ahead
5			Passing on right
6			Passing on left
7			Stop sign
8			Skidding
9			Slowing or stopping
A			Crossing median strip
B			Driverless moving vehicle
C			Backing
D			Starting in traffic
E			Starting from parked position
F			Parked
G			Stalled or disabled
H			Stalled or disabled with flasher on
J			In process of parking
K			Entering or exiting from alley or driveway
L			Making right turn on red
M			Entering median
N			Crossed median
O	X		Other: stopped

Where was pedestrian located at time of accident? Mark appropriate box

	X	
1		At intersection
2		Within 300 feet of intersection
3		More than 300 feet from intersection
4		Walking in street with traffic
5		Walking in street against traffic
6		Standing in street
7		Getting on/off vehicle
8		Working on vehicle
9		Working in street
A		Playing in street
B		Not in street
C		Other

TRAFFIC CONTROLS

	X	
1		Stop sign
2		Yield sign
3		Warning sign
4		Signal light
5		Officer or flagman
6		Railroad crossing gate
7		Railroad automatic signal
8		Control device not working
9	X	No control present
A		No turn on red

ROAD SURFACE

	X	
1	X	Dry
2		Wet
3		Snowy
4		Icy
5		Other

ROAD CONDITIONS

	X	
1	X	No Defects
2		Holes, ruts, bumps
3		Foreign matter on surface
4		Defective shoulder
5		Road under construction
6		Other

COLLISION CONDITIONS

	X	
1		Hit median barrier
2		Hit guard rail
3		Hit curbing
4		Hit abutment
5		Hit signpost
6		Hit utility or light pole
7		Hit tree
8		Embankment
9		Ditch
A		Rock ledge
B		Stone wall
C		Bridge rail
D		Other

LIGHT CONDITIONS

	X	
1	X	Daylight
2		Dawn or dusk
3		Darkness — road lighted
4		Darkness — road unlighted

WEATHER CONDITIONS

	X	
1	X	Clear
2		Foggy
3		Cloudy
4		Rain
5		Snow
6		Sleet

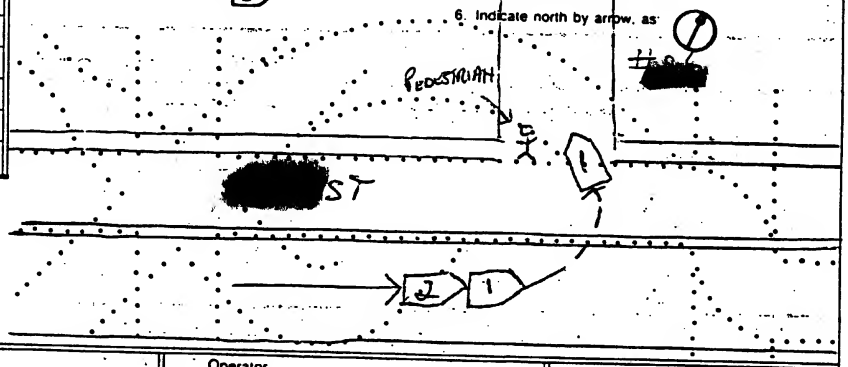
DIAGRAM

INDICATE NORTH BY ARROW

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow: 1 2
2. Use solid line to show path before accident 2 dotted line after accident. 2
3. Show pedestrian by:
4. Show railroad by:
5. Show distance and direction in landmarks; identify landmarks by name or number.
6. Indicate north by arrow, as:



VIOLATIONS

	Operator 1	Operator 2	
1			Operating Under Influence of Liquor
2			Operating Under Influence of Drugs
3			Exceeding Lawful Speed
4			Failed to Grant Right of Way to Other Vehicle
5			Failed to Grant Right of Way to Pedestrian
6			Improper Passing
7			On Wrong Side of Road Not Overtaking
8			Failed to Give Proper Signal
9			Improper Turning Movement
A			Operating Unregistered Uninsured Vehicle
B			Disregarded Traffic Light
C			Disregarded Warning or Stop Signs
D			Disregarded Other Traffic Control
E			Improper Start from Parked Position
F			Improper Parked Position
G			Leaving Scene of Accident
H			Other Moving Violations (explain below)
J		X	Operating to Endanger
K			Failed to Stop for a Schoolbus
L			Defective Equipment
M	X		No Violation
N			Seat Belt (Operator)
O			Seat Belt (Passenger)

Describe What Happened: (Refer to Vehicles by Number)

Citation Number if issued [redacted]

Veh. 1 traveling north on [redacted], stopped to turn left into driveway of [redacted]. Oper. of veh. 1 waiting for pedestrian to cross driveway. While stopped veh. 1 was struck in rear by veh. 2. Veh. 2 traveling north on [redacted]. prior to accident. Pedestrian had to run out of way to avoid being struck.

Signature [redacted] Name and Rank ____ Police Dept ____ Date ____

SEND ONE COPY TO:
REGISTRAR OF MOTOR VEHICLES
[redacted] STREET
NAME OF POLICE DEPT. SUBMITTING REPORT
[redacted]

NOT TO BE USED BY OPERATOR
MUST TYPE OR PRINT

COMMONWEALTH OF [redacted]
POLICE REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY
[redacted]

Date of Accident	Day of the Week		Hour
Mo [redacted] Day [redacted] Yr 94	S M T W T F S (1 2 3 4 5 6 7)	A.M. ☐ 1 P.M. ☒ 2	2:43

Did you notice any indication that an operator had been taking any medication or drugs? Check One: YES ☐ 1 NO ☒ 2
To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells? YES ☐ 1 NO ☒ 2 (explain on reverse)

Was this Accident investigated by an Officer? If Yes, Check One Box Below
1 ☐ Registry 2 ☐ MDC 3 ☐ Other 4 ☐ State Police 5 ☒ Local Police

VEHICLE 1

Name of Operator | Number of Vehicles Involved | Date of Birth MO DAY YR | Sex 1 ☐ M 2 ☐ F
Street Address | City/Town | State | Zip | Driver's License Number and State
Owners Name and Address (if same, write "same") | Registration Number and State
Name of Insurance Company only may be written here | Year | Make | Type | Approximate Cost to Repair $
Describe Damage to Vehicle: | Fire Damage YES 1 ☐ NO 2 ☐ | Parked Car YES 1 ☐ NO 2 ☐

VEHICLE 2

Name of Operator | Phone | Zip | Date of Birth MO DAY YR | Sex 1 ☐ M 2 ☐ F
Street Address | City/Town | State | Driver's License Number and State
Owners Name and Address (if same, write "same") | Phone | Zip | Registration Number and State
Name of Insurance Company only may be written here | Year | Make | Type | Approximate Cost to Repair $
Describe Damage to Vehicle: | Fire Damage YES 1 ☐ NO 2 ☐ | Parked Car YES 1 ☐ NO 2 ☐

OTHER

Describe Other Property Damage | Approximate Cost to Repair $
Name of Property Owner | Address | 1 ☐ State 2 ☐ MDC 3 ☐ Municipal

WITNESSES

Other Witnesses or Persons Present	Address	Phone
		Bus / Res
		Bus / Res

Number Injured | To what hospital was injured taken? [redacted] | Taken by Ambulance? YES 1 ☒ NO 2 ☐

INJURED 1

Name of Injured [redacted] | Street | City/Town | State

Age 16 | Sex 1 ☐ M 2 ☒ F
Ejected from Vehicle YES 1 ☐ NO 2 ☒
INJURY SEVERITY: 1 ☐ Killed; 2 ☐ Serious Visible Injury; 3 ☐ Minor Visible Injury; 4 ☒ No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used ☒; 2 Child Restraint Used ☐; 3 Helmet Used ☐; 4 Air Bag Used ☐
PERSON INJURED: 1 ☐ Operator, 2 ☒ Passenger (In Vehicle No. 2); 3 ☐ Passenger In Train, Bus, Etc.; 4 ☐ Operator, 5 ☐ Passenger (On Motorcycle); 6 ☐ Pedestrian; 7 ☐ Bicyclist; 8 ☐ Moped; 9 ☐ Other

INJURED 2

Name of Injured [redacted] | Street | City/Town | State

Age 15 | Sex 1 ☐ M 2 ☒ F
Ejected from Vehicle YES 1 ☐ NO 2 ☒
INJURY SEVERITY: 1 ☐ Killed; 2 ☒ Serious Visible Injury; 3 ☒ Minor Visible Injury; 4 ☐ No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used ☒; 2 Child Restraint Used ☐; 3 Helmet Used ☐; 4 Air Bag Used ☐
PERSON INJURED: 1 ☐ Operator, 2 ☒ Passenger (In Vehicle No. 2); 3 ☐ Passenger In Train, Bus, Etc.; 4 ☐ Operator, 5 ☐ Passenger (On Motorcycle); 6 ☐ Pedestrian; 7 ☐ Bicyclist; 8 ☐ Moped; 9 ☐ Other

INJURED 3

Name of Injured | Street | City/Town | State

Age | Sex 1 ☐ M 2 ☐ F
Ejected from Vehicle YES 1 ☐ NO 2 ☐
INJURY SEVERITY: 1 ☐ Killed; 2 ☐ Serious Visible Injury; 3 ☐ Minor Visible Injury; 4 ☐ No Visible Injury but Complaints of Pain
RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used ☐; 2 Child Restraint Used ☐; 3 Helmet Used ☐; 4 Air Bag Used ☐
PERSON INJURED: 1 ☐ Operator, 2 ☐ Passenger (In Vehicle No.); 3 ☐ Passenger In Train, Bus, Etc.; 4 ☐ Operator, 5 ☐ Passenger (On Motorcycle); 6 ☐ Pedestrian; 7 ☐ Bicyclist; 8 ☐ Moped; 9 ☐ Other

[redacted]

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
[redacted] STREET
ONE COPY TO
POLICE DEPARTMENT in whose jurisdiction the accident occurred.

MUST TYPE OR PRINT

COMMONWEALTH OF [redacted]
OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident investigated by an Officer? If Yes, Check One Box Below
1 ☐ Registry 4 ☐ State Police
2 ☐ MDC
3 ☐ Other 5 ☒ Local Police

Date of Accident Mo	Day	Yr	Day of the Week		Hour	Have you completed a Mass. driver education course
[redacted]	[redacted]	94	S M T W T F S: ☐ ☐ ☐ ☒ ☐ ☐ ☐ (1 2 3 4 5 6 7)	A.M. ☐ 1 P.M. ☒ 2	2:43	YES ☒ 1 NO ☐ 2

VEHICLE 1

Name of Operator Making Report: [redacted]
Number of Vehicles Involved: 2
Date of Birth: MO [redacted] DAY [redacted] YR 73
Sex: 1 ☒ M 2 ☐ F
Street Address: [redacted] City/Town: [redacted] State: [redacted] Zip: [redacted]
Driver's License Number and State: [redacted]
Owners Name and Address (if same, write "same"): Same
Registration Number and State: [redacted]
Name of Insurance Company only may be written here: [redacted]
Year: 1993 Make: Chevrolet Type: Corsica
Approximate Cost to Repair $: ?
Describe Damage to Vehicle: F. Bumper, hood, grill, L+L fender (also interior damage due to faulty airbag)
Fire Damage: 1 ☐ YES 2 ☐ NO
Interior chemical burns
Parked Car: 1 ☐ YES 2 ☒ NO

VEHICLE 2

Name of Operator: [redacted]
Date of Birth: MO [redacted] DAY [redacted] YR 54
Sex: 1 ☐ M 2 ☒ F
Street Address: [redacted] City/Town: [redacted] State: [redacted] Zip: [redacted]
Driver's License Number and State: [redacted]
Owners Name and Address (if same, write "same"): same
Registration Number and State:
Name of Insurance Company only may be written here: [redacted]
Year: 1986 Make: CHEVROLET Type: CELEB S.W.
Approximate Cost to Repair $: ?
Describe Damage to Vehicle: Rear Bumper, L+R quarter
Fire Damage: 1 ☐ YES 2 ☒ NO
Parked Car: 1 ☐ YES 2 ☒ NO

OTHER

Describe Other Property Damage:
Approximate Cost to Repair $:
Name of Property Owner: Address:

WITNESSES

Other Witnesses or Persons Present	Address	Phone
[redacted]	[redacted]	Bus. Res. [redacted]
[redacted]	[redacted]	Bus. Res. [redacted]

Number Injured: 5
To what hospital was injured taken? [redacted]
Taken by Ambulance? YES ☒ 1 NO ☐ 2

INJURED 1

Name of Injured: [redacted] Street: as above City/Town: State:
Age: 20 Sex: 1 ☒ M 2 ☐ F
Ejected from Vehicle: 1 YES ☐ 2 NO ☒
INJURY SEVERITY: 1 ☐ Killed; 2 ☒ Serious Visible Injury; 3 ☐ Minor Visible Injury; 4 ☐ No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS	Yes	No	?
1 Safety Belt Used	X		
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used (FAULTY)	X		

PERSON INJURED: 1 ☒ Operator; 2 ☐ Passenger — In Vehicle No. 1; 3 ☐ Passenger In Train, Bus, Etc; 4 ☐ Operator; 5 ☐ Passenger — On Motorcycle
6 ☐ Pedestrian; 7 ☐ Bicyclist; 8 ☐ Moped; 9 ☐ Other

INJURED 2

Name of Injured: [redacted] Street: as above City/Town: State:
Age: 40 Sex: 1 ☐ M 2 ☒ F
Ejected from Vehicle: 1 YES ☐ 2 NO ☒
INJURY SEVERITY: 1 ☐ Killed; 2 ☐ Serious Visible Injury; 3 ☐ Minor Visible Injury; 4 ☒ No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS	Yes	No	?
1 Safety Belt Used	X		
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			X

PERSON INJURED: 1 ☒ Operator; 2 ☐ Passenger — In Vehicle No. 2; 3 ☐ Passenger In Train, Bus, Etc; 4 ☐ Operator; 5 ☐ Passenger — On Motorcycle
6 ☐ Pedestrian; 7 ☐ Bicyclist; 8 ☐ Moped; 9 ☐ Other

INJURED 3

Name of Injured: [redacted] City/Town: [redacted] State: [redacted]
Age: 16 Sex: 1 ☐ M 2 ☒ F
Ejected from Vehicle: 1 YES ☐ 2 NO ☒
INJURY SEVERITY: 1 ☐ Killed; 2 ☐ Serious Visible Injury; 3 ☒ Minor Visible Injury; 4 ☒ No Visible Injury but Complaints of Pain — bruised leg

RESTRAINT SYSTEMS	Yes	No	?
1 Safety Belt Used		X	
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED: 1 ☐ Operator; 2 ☒ Passenger — In Vehicle No. 1; 3 ☐ Passenger In Train, Bus, Etc; 4 ☐ Operator; 5 ☐ Passenger — On Motorcycle
6 ☐ Pedestrian; 7 ☐ Bicyclist; 8 ☐ Moped; 9 ☐ Other

[redacted] injured continued on 2nd page

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8½ x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

LOCATION

City or Town Where Accident Occurred: [redacted]

Nearest Mile Marker:

Number of Lanes: 2

At Rotary: YES 1 ☐ NO 2 ☒

Street Name or Route Number: [redacted] at intersection with [redacted]

If Accident Occurred on Ramp — Fill in Below:
1 ☐ On ramp to route number ____ going N S E W
2 ☐ On ramp from route number ____ going N S E W

Which direction was each vehicle traveling?
Vehicle No. 1: N ☒ S E W
No. 2: N ☒ S E W

Or — If not at intersection, fill in below:
____ feet N S E W of nearest intersection, bridge, mile marker, railroad.
Other Landmarks: [redacted]

TYPE

Accident Involved Collision With:
1 ☐ Pedestrian
2 ☒ Motor Vehicle in Traffic
3 ☐ Motor Vehicle Parked
4 ☐ Railroad Train
5 ☐ Ran off roadway hit fixed object ____ feet from road
6 ☐ Bicycle
7 ☐ Overturned in road
8 ☐ Ran off roadway — non-collision
9 ☐ Fixed object on shoulder, sidewalk or island
A ☐ School Bus
B ☐ Truck
C ☐ Moped
D ☐ Other

If collision involved two or more vehicles mark one of the following:
1 ☒ Rear End 2 ☐ Angle 3 ☐ Head On

COLLISION CONDITIONS

What were vehicles doing prior to accident? Mark appropriate box

	1	2	
1			Making right turn
2			Making left turn
3			Making U-turn
4	X		Going straight ahead
5			Passing on right
6			Passing on left
7			Stop sign
8			Skidding
9		X	Slowing or stopping
A			Crossing median strip
B			Driverless moving vehicle
C			Backing
D			Starting in traffic
E			Starting from parked position
F			Parked
G			Stalled or disabled
H			Stalled or disabled with flasher on
J			In process of parking
K			Entering or exiting from alley or driveway
L			Making right turn on red
M			Entering median
N			Crossed median
O			Other

Where was pedestrian located at time of accident? Mark appropriate box

	X	
1		At intersection
2		Within 300 feet of intersection
3		More than 300 feet from intersection
4		Walking in street with traffic
5		Walking in street against traffic
6		Standing in street
7		Getting on/off vehicle
8		Working on vehicle
9		Working in street
A		Playing in street
B		Not in street
C		Other

TRAFFIC CONTROLS

	X	
1		Stop sign
2		Yield sign
3		Warning sign
4		Signal light
5		Officer or flagman
6		Railroad crossing gate
7		Railroad automatic signal
8		Control device not working
9		No control present
A		No turn on red

ROAD SURFACE

	X	
1	X	Dry
2		Wet
3		Snowy
4		Icy
5		Other

ROAD CONDITIONS

	X	
1	X	No Defects
2		Holes, ruts, bumps
3		Foreign matter on surface
4		Defective shoulder
5		Road under construction
6		Other

COLLISION CONDITIONS

	X	
1		Hit median barrier
2		Hit guard rail
3		Hit curbing
4		Hit abutment
5		Hit signpost
6		Hit utility or light pole
7		Hit tree
8		Embankment
9		Ditch
A		Rock ledge
B		Stone wall
C		Bridge rail
D	X	Other HIT VEH. 2

LIGHT CONDITIONS

	X	
1	X	Daylight
2		Dawn or dusk
3		Darkness — road lighted
4		Darkness — road unlighted

WEATHER CONDITIONS

	X	
1	X	Clear
2		Foggy
3		Cloudy
4		Rain
5		Snow
6		Sleet

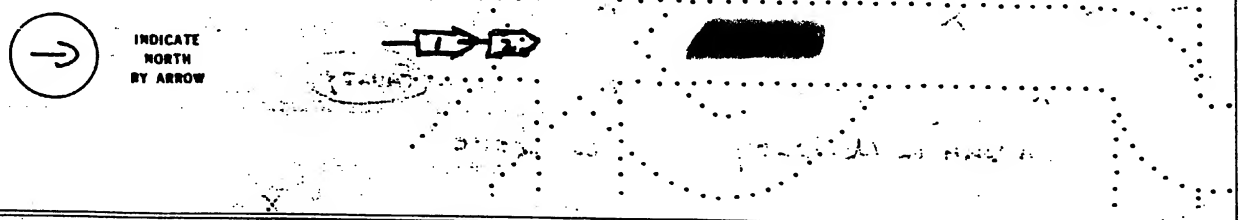
DIAGRAM

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow: 1 2
2. Use solid line to show path before accident, dotted line after accident. 2
3. Show pedestrian by: ——o
4. Show railroad by: +++++++++
5. Show distance and direction in landmarks; identify landmarks by name or number.
6. Indicate north by arrow, as:

INDICATE NORTH BY ARROW



Describe What Happened: (Refer to Vehicles by Number)

VEHICLE (1) WAS HEADING NORTH ON [redacted], AT THE POSTED SPEED LIMIT, WHEN VEHICLE (2) (IN FRONT) STOPPED SUDDENLY, WITH NO DIRECTION SIGNAL OR ANY OTHER WARNING. VEHICLE (1) APPLIED BRAKES AND TURNED SHARPLY TO RIGHT TO AVOID VEHICLE (2), BUT HIT VEHICLE (2) IN REAR (TOWARD LR) WITH LF OF VEHICLE. (VEHICLE (2) WAS AT CENTER ~~LANE~~ LINE SIDE OF LANE). AT IMPACT, AIRBAG IN VEHICLE (1) DID NOT INFLATE, BUT SEPARATED FROM STEERING COLUMN, CAUSING 2ND DEGREE BURNS TO OPERATOR. ALTHOUGH OPERATOR OF VEHICLE (2) STATED HER DIRECTIONAL SIGNAL WAS ON, WITNESSES STATED SHE STOPPED SUDDENLY AND THAT SHE HAD NO DIRECTIONAL SIGNAL ON.

My speed immediately prior to the accident was approximately 30 m.p.h.

Signature of operator making report [redacted] Date [redacted]/94

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
[redacted] STREET
ONE COPY TO
POLICE DEPARTMENT in whose jurisdiction the accident occurred.

MUST TYPE OR PRINT

COMMONWEALTH OF [redacted]
OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident investigated by an Officer? If Yes, Check One Box Below
1 ☐ Registry 2 ☐ MDC 3 ☐ Other 4 ☐ State Police 5 ☐ Local Police

Date of Accident Mo	Day	Yr.	Day of the Week S M T W T F S (1 2 3 4 5 6 7)	A.M. ☐ 1 P.M. ☐ 2	Hour	Have you completed a Mass. driver education course YES ☐ 1 NO ☐ 2
[redacted]		94				

VEHICLE 1

Name of Operator Making Report	Number of Vehicles Involved	Date of Birth MO DAY YR	Sex 1 M 2 F
[redacted]			

Street Address	City/Town	State	Zip	Driver's License Number and State

Owners Name and Address (if same, write "same")	Registration Number and State

Name of Insurance Company only may be written here	Year	Make	Type	Approximate Cost to Repair $

Describe Damage to Vehicle:	Fire Damage YES 1 ☐ NO 2 ☐	Parked Car YES 1 ☐ NO 2 ☐

VEHICLE 2

Name of Operator	Date of Birth MO DAY YR	Sex 1 M 2 F

Street Address	City/Town	State	Zip	Driver's License Number and State

Owners Name and Address (if same, write "same")	Registration Number and State

Name of Insurance Company only may be written here	Year	Make	Type	Approximate Cost to Repair $

Describe Damage to Vehicle:	Fire Damage YES 1 ☐ NO 2 ☐	Parked Car YES 1 ☐ NO 2 ☐

OTHER

Describe Other Property Damage	Approximate Cost to Repair $

Name of Property Owner	Address

WITNESSES

Other Witnesses or Persons Present	Address	Phone
		Bus. Res.
		Bus Res.

Number Injured	To what hospital was injured taken?	Taken by Ambulance? YES 1 ☐ NO 2 ☐

INJURED 4

Name of Injured [redacted] Street [redacted] City [redacted] State

Age	Sex 1 M 2 F	Ejected from Vehicle 1 YES 2 NO
15	☐ M ☒ F	☐ ☒

INJURY SEVERITY
1 ☐ Killed
2 ☐ Serious Visible Injury
3 ☒ Minor Visible Injury CUTS + SCRAPES
4 ☐ No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

	Yes	No	?
1 Safety Belt Used		X	
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED
1 ☐ Operator } In Vehicle
2 ☒ Passenger } No. 1
3 ☐ Passenger In Train, Bus, Etc
4 ☐ Operator } On Motorcycle
5 ☐ Passenger }
6 ☐ Pedestrian
7 ☐ Bicyclist
8 ☐ Moped
9 ☐ Other

INJURED 5

Name of Injured [redacted] Street [redacted] City/Town [redacted] State

Age	Sex 1 M 2 F	Ejected from Vehicle 1 YES 2 NO
16	☐ M ☒ F	☐ ☒

INJURY SEVERITY
1 ☐ Killed
2 ☐ Serious Visible Injury
3 ☐ Minor Visible Injury
4 ☒ No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

	Yes	No	?
1 Safety Belt Used	X		
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED
1 ☐ Operator } In Vehicle
2 ☒ Passenger } No. 1
3 ☐ Passenger In Train, Bus, Etc
4 ☐ Operator } On Motorcycle
5 ☐ Passenger }
6 ☐ Pedestrian
7 ☐ Bicyclist
8 ☐ Moped
9 ☐ Other

INJURED 3

Name of Injured Street City/Town State

Age	Sex 1 M 2 F	Ejected from Vehicle 1 YES 2 NO
	☐ M ☐ F	☐ ☐

INJURY SEVERITY
1 ☐ Killed
2 ☐ Serious Visible Injury
3 ☐ Minor Visible Injury
4 ☐ No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

	Yes	No	?
1 Safety Belt Used			
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED
1 ☐ Operator } In Vehicle
2 ☐ Passenger } No.
3 ☐ Passenger In Train, Bus, Etc.
4 ☐ Operator } On Motorcycle
5 ☐ Passenger }
6 ☐ Pedestrian
7 ☐ Bicyclist
8 ☐ Moped
9 ☐ Other

[redacted]

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

Bed 17

EMERGENCY DEPARTMENT DATA SHEET

BEST AVAILABLE

ADMIT TYPE & SOURCE: [redacted]
PATIENT TYPE: [redacted]

[redacted] Hospital [redacted] C

MED. REC. NO. [redacted]
ACCOUNT NO. [redacted]

PATIENT NAME AND ADDRESS: [redacted], [redacted] DR [redacted] PHONE NO.	SVC [redacted] MAR. [redacted] REL. [redacted] INTERVIEWER [redacted] ADMIT DATE [redacted]/94 ADMIT TIME 16:15 BIRTH DATE [redacted]/77 AGE [redacted] BIRTH PLACE SOCIAL SECURITY NO. 00-00-0000 RACE [redacted] SEX [redacted] MN
EMPLOYER NAME AND ADDRESS: MINOR PHONE NO. OCCUPATION	NEXT OF KIN [redacted], [redacted] PHONE [redacted] 000 RELATION MOTHER EMERGENCY CONTACT PHONE NO. RELATION
GUARANTOR NAME AND ADDRESS: [redacted] DR [redacted] PHONE NO. RELATION MOTHER	GUARANTOR EMPLOYER [redacted] OF [redacted] SCHOOL DEPT [redacted], [redacted] [redacted] PHONE NO. OCCUPATION TEACHER

INSURANCE INFO NO. 1	INSURANCE INFO NO. 2	INSURANCE INFO NO. 3
[redacted]	0000	0000
CERT./HIC NO.	CERT./HIC NO.	CERT./HIC NO.
POLICY NO.	POLICY NO.	POLICY NO.
SUBSCRIBER [redacted] SOCIAL SECURITY NO. 000000000	SUBSCRIBER SOCIAL SECURITY NO. 000000000	SUBSCRIBER SOCIAL SECURITY NO. 000000000

ALLERGIES [redacted]	PHYSICIAN ON DUTY [redacted], MD	ACCIDENT DATE 0/00/00	TIME 0:00
MEDICATIONS PT STS R LEG PAIN PASSENGER MVA ∅ meds	FAMILY/REFERRING PHYSICIAN NO FAMILY, PHYSICIAN	LAST ADM. DATE 0/00/00	
COMMENTS MVA [redacted]/94 [redacted]	TRANSPORT [redacted]/[redacted] ALONE	PLACE	

E.D. NURSING NOTES/TIME: ~~pt. [redacted] collar/backboard on arrival~~ 1555: (A) A+O x3 16 yo [redacted] "I think my (R) leg is bruised" s/p MVA ⊖SB passenger in back seat; ⊖LOC ⊖H/A PERRLA ⊖SOB; chest rises equally bilat - BS = clear. ⊖ numbness/tingling any extremity. ⊕pp; moves toes. feet warm to touch. ⊖ neck / ⊖ back pain; pt sts "ambulatory ✓ accident ✓ Long". c/o (R) calf pain; ∅ bruising ∅ swelling ∅ bruising noted → (R) calf; hand grasps (=) + strong. MAE.
(P) alt in Comfort ——— [redacted] RN
(I) VS Neuro Comfort assessed; pt reassured & inst. to notify staff of any Δ's. C-Spine prec. maintained & rationale explained to pt; phone → pt to call mother. MD eval pending - pt aware of
1655 - Dr Reed eval pt. collar & board d/c'd; awaiting arrival of mother ā further tmnt. pt verbalizes understanding to notify staff immed of any Δs / concerns — [redacted] RN 1710 - mother → pt consent obtained - mother reassured. (R) Tib-Fib x-ray ordered Dr S.
1740 report → [redacted]. 1740 pt → x-ray.
[illegible] - Dr read x-ray [illegible] Dr Reed in [illegible] Discharge instructions [illegible] mother & patient - verbalizes [illegible] understanding.

SIGNATURE: [redacted] RN.

924.8

TIME	T	P	R	B/P
1555	99.3/90	84	18	130/78

MEDICATIONS AND DOSE

TIME		ROUTE	INITIALS

IALS

924.8 - Cont of lower limb multiple site not classified

MEDICAL RECORDS COPY

BEST AVAILABLE

THIS IS TO CERTIFY THAT I, ______________________________ A PATIENT IN

______________________________ HOSPITAL, AM LEAVING THE HOSPITAL AGAINST THE ADVICE OF THE ATTENDING PHYSICIAN AND OF THE HOSPITAL ADMINISTRATION. I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE RISK INVOLVED AND HEREBY RELEASE THE ATTENDING PHYSICIAN, THE HOSPITAL AND ITS EMPLOYEES FROM ALL RESPONSIBILITY FOR ANY ILL EFFECTS WHICH MAY RESULT FROM THIS ACTION.

WITNESS ______________________________ SIGNED ______________________________
(PATIENT OR NEAREST RELATIVE)

WITNESS ______________________________ ______________________________
(RELATIONSHIP)

AUTHORIZATION FOR DIAGNOSTIC STUDIES, MEDICAL AND/OR [redacted] TREATMENT

I, THE UNDERSIGNED, A PATIENT AT SOUTH SHORE HOSPITAL, INC., HEREBY AUTHORIZE [redacted] AND WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANT) TO ADMINISTER SUCH DIAGNO[redacted] AL AND/OR SURGICAL TREATMENT AS IS NECESSARY, AND TO PERFORM THE FOLLOWING [redacted] STIC STUDIES.

MEDICAL AND/OR SURGICAL TREATMENT: [redacted]

AND SUCH ADDITIONAL DIAGNOSTIC STUDIES, MEDICAL [redacted] R SURG[redacted] RES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING THE COURSE OF SAID PROC[redacted] S OR [redacted] TMENTS. I ALSO CONSENT TO THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE NECESSARY. ANY TISSUES OR PARTS SURGICALLY REMOVED MA[redacted] E DISPOSED OF BY THE HOSPITAL IN ACCORDANCE WITH ACCUSTOMED PRACTICE.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AUTHORIZATION FOR DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL TREATMENT, THE REASONS WHY THE ABOVE DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL TREATMENT ARE CONSIDERED NECESSARY, ITS ADVANTAGES AND POSSIBLE COMPLICATIONS, IF ANY, AS WELL AS POSSIBLE ALTERNATE MODES OF TREATMENT WHICH WERE EXPLAINED TO ME

BY DR. ______________________________ I AM AWARE THAT THE PRACTICE OF MEDICINE AND SURGERY IS NOT AN EXACT SCIENCE AND I ACKNOWLEDGE THAT NO GU[redacted] MADE TO M[redacted] ING THE RESULTS OF THE STUDIES OR TREATMENT.

Phone Permission mother [redacted] pta [redacted]

SIGNATURE OF PATIENT: ______________________________

SIGNED FOR PATIENT BY: X [redacted]

RELATIONSHIP: mother [redacted] DATE [redacted] 94 TIME ______________ A.M. P.M.

[redacted]

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE SOUTH SHORE HOSPITAL ... INFORMATION TO MY ... AUTHORIZE ... DIRECTLY TO SOUTH SHORE HOSPITAL ... PAYABLE TO ME FOR SERVICES RENDERED FOR THIS PERIOD OF HOSPITAL...

SIGNATURE X [redacted] DATE [redacted] /94
PATIENT OR PARENT (IF PATIENT IS A MINOR) mother

INSTITUTIONAL PROVIDERS

I REQUEST PAYMENT OF AUTHORIZED BENEFITS TO BE MADE ... FURNISHED ME BY SOUTH SHORE HOSPITAL, INC. INCLUDING PHYSICIAN SERVICES. I AUTHORIZE ... OR OTHER INFORMATION ... TO RELEASE TO CHAMPUS AND ITS AGENTS ... BENEFITS OR BENEFITS PAYABLE FOR RELATED SERVICES.

SIGNATURE ______________________________ DATE ______________

PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST ... certify that the information ... other information ... Professional Standards Review ... and benefits be made ... on my behalf.

______________________________ ______________

[redacted] BEST AVAILABLE

EMERGENCY MEDICINE RECORD

ADDRESSOGRAPH

NAME: [redacted]

DATE/TIME: [redacted] /94 3:5? pm

ALLERGIES: ø

MEDICATIONS: ø

TRIAGE

PMH/ROS ø

[redacted] involved in MVA, Ambulatory @ Scene
Back Seat Passenger ⓈSB; Presents via Ambulance [redacted]
B/C AAOx3 128/78 P 78 R [redacted]

T P R BP TET LMP WT

VISUAL ACUITY OD P BP OS P BP OU P BP

PRIORITY [redacted] II III UC

SIGN [redacted]

EMERGENCY PHYSICIAN'S ASSESSMENT

TIME

[illegible] in MVA — [illegible]
complains of pain Ⓡ [illegible]
no LOC
no spinal pain
PE: [illegible]
[illegible] =
[illegible] normal
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] — Tender [illegible]
[illegible] normal
X-ray leg → normal

FINAL IMPRESSIONS Contusion; multiple

PROCEDURES

DISCHARGE INSTRUCTIONS

PRESCRIPTIONS: (NONE ■)

Tylenol for pain

REFERRAL MD TEL #

RETURN TO WORK INSTRUCTIONS

MEDS/IV'S

TIME	ORDERS
	Ⓡ [illegible]

LABORATORY

TIME

CBC WBC hgb hct Plt
DIFFERENTIAL
SED RATE
A-7 glucose ___ Na Cl Bun K CO2 Cr
MAXI-18
AMYLASE
ETHANOL
MAGNESIUM
TOXICOLOGY SCREEN
CPK ISOENZYMES
PT/PTT ___/___ ___/___
TYPE & SCREEN
TYPE & CROSS ___ UNITS PRBC
UCG ☐ POSITIVE ☐ NEGATIVE
URINALYSIS SPEC GRAVITY POSITIVE DIP
URINE CULTURE WBC RBC EPI
BLOOD CULTURE X
CULTURE & SENSITIVITY

RESPIRATORY

ABG ___ %
REPEAT ABG ___ %
RESPIRATORY TREATMENT

RADIOLOGY

CHEST X-RAY
CERVICAL SPINE
KUB/UPRIGHT ABDOMEN
L-S SPINE

EKG

EKG
REPEAT EKG

I UNDERSTAND AND I RECEIVED EMERGENCY CARE ONLY AND NEED TO FOLLOW MY DISCHARGE IN[redacted]NS

PATIENT SIGNATURE [redacted]

DISCHARGE RN [redacted]

MD SIGNATURE [redacted]

D/C TIME 67 REPORT TIME

FORM NO.

[redacted] Hospital

[redacted]

[redacted] M.D.
M.D.
M.D.
M.D.
M.D.
M.D.
M.D.

DIAGNOSTIC IMAGING CONSULTATION

Name: [redacted] Physician: [redacted]

X-Ray #: [redacted] Pat type: E Ward: ER [redacted]

Age: 16 DOB: [redacted]-77 MRN: [redacted] Date: [redacted]-94

Clinical data: MVA

Exam: TIBIA & FIBULA ADULT - RIGHT,

[redacted]

The soft tissues are unremarkable. The tibia and fibula are intact without evidence of fracture, erosion or destruction.

IMPRESSION: NORMAL LOWER LEG.

D/[redacted]94
T/[redacted]-94

signed: [redacted] M.D.

PTOS/di

_____ M.D.

DIAGNOSTIC IMAGING

BEST AVAILABLE

EMERGENCY DEPARTMENT DATA SHEET

[redacted] ADMIT TYPE & SOURCE: 1 7
PATIENT TYPE: E

[redacted] Hospital [redacted]

MED. REC. NO. [redacted]
ACCOUNT NO. [redacted]

PATIENT NAME AND ADDRESS	SVC / MAR. / REL. / INTERVIEWER / ADMIT DATE / ADMIT TIME
[redacted]	[redacted] [redacted]/94 15:53
PHONE NO.	BIRTH DATE [redacted]/73 AGE 020Y BIRTH PLACE [redacted] SOCIAL SECURITY NO. [redacted]
	RACE W SEX M MN
EMPLOYER NAME AND ADDRESS [redacted]	NEXT OF KIN [redacted] PHONE NO. 517 [redacted] 000 RELATION FATHER
PHONE NO. OCCUPATION	EMERGENCY CONTACT PHONE NO. RELATION
GUARANTOR NAME AND ADDRESS [redacted]	GUARANTOR EMPLOYER [redacted]
PHONE NO. RELATION SELF	PHONE NO. [redacted] OCCUPATION

INSURANCE INFO NO. 1	INSURANCE INFO NO. 2	INSURANCE INFO NO. 3
[redacted]		0000
CERT./HIC NO.	CERT./HIC NO.	
POLICY NO.	POLICY NO.	
SUBSCRIBER [redacted] SOCIAL SECURITY NO. [redacted]	SUBSCRIBER	SOCIAL SECURITY NO. 000000000

SIGNATURE NEEDED
FOR
CONSENT FORM
Place on cover of patient chart.

ALLERGIES
MVA [redacted]/94 [redacted]
MEDICATIONS
EMT STS PT MULTI BURNS TO FACE AND BL
COMMENTS
FROM AIR BAG R ARM INJ AND CHIN LAC

ACCIDENT DATE [redacted]/94 TIME 15:30
FAMILY/REFERRING PHYSICIAN: NO FAMILY, PHYSICIAN
LAST ADM. DATE: 0/00/00
TRANSPORT: [redacted] ALONE
PLACE: [redacted] MVA

E.D. NURSING NOTES/TIME: hit vehicle head on · 30 mph
4pm 20 y.o. male S/P MVA ⊕ SB ⊕ Air Bag →
was caught on fire. Pt [illegible] burns to (R) arm
[illegible] burns to (L) cheek [illegible]
eye [illegible], lashes, [illegible] hair [illegible]
[illegible]
[illegible]
[illegible]
(P) [illegible]
(I) [illegible] O2 [illegible] 100% NS
[illegible]
I 440 [illegible]
445 [illegible]
545 - Re-eval by [redacted] - philly collar d/c'd - PCXR
ordered. Pt voided - 400 cc - dipped negative - Dr Lenehan
in for suturing
I - Chin sutured [illegible]
Silvadene cream applied [redacted] RN.

TIME	T	P	R	B/P
430		123	20	148/71
445		120	20	130/80
555		96	20	134/84
6pm		93	16	164/73

MEDICATIONS AND DOSE

TIME		ROUTE	INITIALS
430	DT 0.5 cc LD	IM	[illegible]
435	MS 2 mg	IV	[illegible]

I.V.'S

TIME		INITIALS
4pm	NS #14 medics	[illegible]

890.0, 873.43, 945.26
944.16, 944.26

86.59 12001
27.51 [illegible]

BEST AVAILABLE

[redacted]

THE ABOVE

[redacted]

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE SOUTH SHORE HOSPITAL AND ITS AGENTS TO RELEASE INFORMATION TO MY INSURANCE CARRIER AND/OR EMPLOYER, AND PHYSICIAN(S) INVOLVED IN MY CARE. I ALSO AUTHORIZE PAYMENT DIRECTLY TO SOUTH SHORE HOSPITAL OF ANY INSURANCE BENEFITS PAYABLE TO ME FOR THE SERVICES RENDERED FOR THIS REQUESTING EVENT.

SIGNATURE _____ DATE _____
(PATIENT OR PARENT, IF PATIENT IS A MINOR)

INSTITUTIONAL PROVIDERS:

"I REQUEST PAYMENT OF AUTHORIZED BENEFITS TO ME OR ON MY BEHALF FOR SERVICES FURNISHED ME BY SOUTH SHORE HOSPITAL AND, INCLUDING PHYSICIAN SERVICES. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO CHAMPUS AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR BENEFITS FOR RELATED SERVICES."

SIGNATURE _____ DATE _____
(PATIENT OR PARENT, IF PATIENT IS A MINOR)

PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST. I certify that the information given by me in applying for payment under TITLE XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or its intermediaries or carriers or to the Professional Standards Review Organization any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

SIGNATURE _____ DATE _____
(Patient or authorized representative) (Signature by mark must be witnessed.)

EMERGENCY MEDICINE RECORD

X

ADDRESSOGRAPH

NAME: [redacted]

DATE/TIME: [redacted] /14

ALLERGIES: NKA

MEDICATIONS: Ø

PMH/ROS Ø

TRIAGE

20 y/o Male present via Ambulance - Driver ⊕ Air bag but caught on fire. ⊕ burns to both hands ⊕ burns to nares / eyebrows ⊕ lac to Through chin dep

A&Ox3 ; Chest bilateral, B/S Ambulatory c steady

Pt burns to hands 9°R 140/85 RR20 O2 sat 99% 100% NRB

T P 125 R 24 BP 147/70 TET unknown LMP WT

VISUAL ACUITY OD P BP OS P BP OU P BP

PRIORITY [redacted] II UC

SIGN [redacted]

TIME D

EMERGENCY PHYSICIAN'S ASSESSMENT

Plus 20 y 0 W O2 ...

1 x 1/2 cm

Ø

PLASTIC

Dye punch

loc. chin

3 1/2 cm. loc.

FINAL IMPRESSIONS Facial lac lower lip ... [redacted]

1st / 2° burn ... face

⊕ hands.

PROCEDURES

MEDS/IV'S

TIME	ORDERS
	✓ d10.5 ...
	✓ IV NS
	✓ MSO4 2mg IV 5 min
	repeat x1
	✓ ...
	CXR ...
	... [redacted]

LABORATORY

TIME [redacted]

- ✓ CBC 14.4 / 46.2 (15.3) / 260K
- DIFFERENTIAL
- SED RATE
- A-7 glucose 98 136 | 103 | 10 — 3.8 | 24 | 0.8
- ✓ MAXI-18
- AMYLASE
- ETHANOL
- MAGNESIUM
- TOXICOLOGY SCREEN
- CPK ISOENZYMES
- PT/PTT __/__ __/__
- TYPE & SCREEN
- TYPE & CROSS ___ UNITS PRBC
- UCG ☐ POSITIVE ☐ NEGATIVE
- URINALYSIS SPEC GRAVITY POSITIVE DIP
- URINE CULTURE WBC RBC EPI
- BLOOD CULTURE X
- CULTURE & SENSITIVITY

RESPIRATORY

✓ venous carboxyhemoglobin 2.4%

- ABG ___ %
- REPEAT ABG ___ %
- RESPIRATORY TREATMENT

RADIOLOGY

- CHEST X-RAY
- CERVICAL SPINE
- KUB/UPRIGHT ABDOMEN
- L-S SPINE

EKG

- EKG
- REPEAT EKG

DISCHARGE INSTRUCTIONS

PRESCRIPTIONS:(NONE ☐)

[redacted] See SAT 10 A.M. AMB CARE

SSH for follow-up.

Neosporin ointment to chin laceration

Any wheezing / cough return. Follow 1 & 2

Return for recheck of burns ...

REFERRAL MD [redacted] TEL # [redacted]

RETURN TO WORK   INSTRUCTIONS

I UNDERSTAND AND I RECEIVED EMERGENCY CARE ONLY AND NEED TO FOLLOW MY DISCHARGE INSTRUCTIONS [redacted]

PATIENT SIGNATURE X Brother [redacted]

DISCHARGE RN [redacted]

MD SIGNATURE

D/C TIME 935   REPORT TIME

FORM NO.

[redacted] HOSPITAL

EMERGENCY DEPARTMENT RECORD

PATIENT NAME: [redacted]
MEDICAL RECORD NUMBER:
DATE: [redacted] 1994

CHIEF COMPLAINT: Burn to his arms and legs.

HISTORY OF PRESENT ILLNESS: Patient is a 20-year-old white male with no significant past medical history who states that he was a restrained driver in a motor vehicle accident in which he rear ended another car. His airbag apparently broke open and caught on fire, spread onto his jeans and since has been burned. There was some smoke in the car. He was only exposed to it for bout 10 seconds. The patient denies any burns to his face. He states that he saw a flame, but pushed away from it/looked away from it. He then hit his face on the door as he was trying to get out. The patient denies loss of consciousness. The patient denies any neck pain, chest pain, abdominal pain.

PHYSICAL EXAMINATION: Initially, his pulse was 125. He was very nervous and in pain from the burns. His respiratory rate was 24. Blood pressure 142/70. Pupils are equal and reactive to light and accommodation. Tympanic membranes are clear. Pharynx has no carbonation sputum. He has a 1.0 cm laceration on the outside of his chin and a large 3 cm laceration on the inside with az through to through connection. His teeth were intact. His jaw was nontender. His neck has some mild tenderness. His heart was regular rate and rhythm. LUNGS: Clear bilaterally. Abdomen had good bowel sounds. Soft, nondistended and nontender. He has second degree burn on his right inner medial thigh. There was no involvement of the genitalia. His right hand had first and second degree burns over the dorsum of it. There was no involvement of the central aspect of it. He had good pulses, normal sensation. He had some areas of tattooing on this that we tried to scrub, but they were unable to remove. He also had a first and second degree burns over his left hand. These were non-circumferential. It was a smaller area than the other. A small area on the right thigh, total surface area is probably about 4% or less of his body area.

CONTINUED

PATIENT NAME: [redacted]
MEDICAL RECORD NUMBER:
DATE: [redacted] 1994

LAB/X-RAY: Hemoglobin was 2.4%. His MAXI-18 was normal. His white blood cell count is _____. Hemoglobin is 17.3. Hematocrit 46.2. Platelet count 260K. Chest x-ray was normal. Cervical spine was negative.

EMERGENCY ROOM COURSE: He was given Morphine for his pain and his wounds were bandaged. [redacted] saw him and sutured the laceration. He was observed for a long period of time in the emergency department. He never developed any wheezing. He states that he felt completely fine and his pulse came down to a normal rate. He still felt somewhat nervous from the whole event.

FINAL IMPRESSION: Facial laceration.
First and second degree burns on the hands and right leg.

PLAN: He is to return to the emergency department tomorrow for re-check of the burns. I will given him something for pain. He is to follow head and neck injury instructions. Any worsening of symptoms or any difficulty in breathing or wheezing, return immediat[redacted]

[redacted] M.D.

D 2110 EST
T 2147 EST/17

[redacted] Hospital

ADDRESSOGRAPH

[redacted]

HOSPITAL REGULATIONS: The Signature of a Nurse Shall Accompany Each Entry.

DATE	HOUR	NOTES
[redacted]/94	2:30 pm	Doc. made aware concerning hematoma.
		Results pending. Refusing
		further pain medication at this time.
		O2 Sat R/A 98% 40% mask ē humidification
		100%. Hematoma developing Ⓡ
		ant. Shoulder. Seen & Evaluated
		by [redacted] Ortho pending.
	9:35	Re-Eval by [redacted]
		pt. D/C to home. Instructions
		reviewed and pt. verbalized
		understanding of D/C instructions.
		Alert. Oriented. Afebrile.
		Ⓔ SOB. O2 sat 98% R/A on
		discharge.
	I 9:30	D/C to home ē [redacted] [redacted]

[redacted]

NURSES' NOTES

[redacted] HOSPITAL
[redacted] Road
[redacted]

BEST AVAILABLE

VACCINE ADMINISTRATION RECORD

[redacted]

I have read or have had explained to [redacted] information [redacted] pamp provided. I have had a chance to ask questions that were answered t satisfaction. I believe I understand the benefits and risks of the vac and ask that the vaccine checked below be given to me or to the person n below for whom I am authorized to make this request.

VACCINE TO BE GIVEN:

DTP ☐ Pertussis ☐ DT ☐ Td ☒ Tetanus ☐

OPV (Oral Polio vaccine) ☐ IPV (Inactivated polio vaccine) ☐

MMR ☐ Measles and Rubella ☐ Measles ☐ Mumps ☐ Rubella ☐

Hepatitis B ☐ Hypertet ☐ Rabies ☐

Other ☐ Specify: _____

Newborn Hepatitis B ☐ Mother's Name: _____
First Last Maiden

Due Date: _____

Obstetrician's Name: _____

I do not want my child to receive the Hepatitis B vaccine at this time.

_____
Signature of parent

_____ _____
Signature of person to receive vaccine or person authorized to make the request (parent or guardian) Date

_____
Witness

A. Type of vaccine/toxoid: Td
B. Date Administered: [redacted] /94
C. Manufacturer: [redacted]
D. Lot Number: [redacted]
E. Administered by: [redacted] (Name & Title)
F. Injection site: L DPH

bfl:6/1

[redacted] Hospital

[redacted]

[redacted] M.D.
M.D.
M.D.
M.D.
M.D.
M.D.
M.D.
M.D.

DIAGNOSTIC IMAGING CONSULTATION

Name: [redacted] Physician: [redacted]

X-Ray #: [redacted] Pat type: E Ward: ER [redacted]

Age: 20 DOB: [redacted]-73 MRN: [redacted] Date: [redacted]-94

Clinical data: MVA

Exam: PORTABLE CHEST

[redacted]

The cardiac silhouette appears to be within normal limits for the AP technique. The lungs are clear.

IMPRESSION: NO EVIDENCE OF ACTIVE PROCESS IN THE CHEST.

D/[redacted]-94
T/[redacted]-94

signed: [redacted] M.D.

JSB/di

M.D.

DIAGNOSTIC IMAGING

[redacted]

[redacted] M.D.
[redacted] M.D.
[redacted] M.D.
[redacted] M.D.
[redacted] M.D.
[redacted] M.D.
[redacted] M.D.
[redacted] M.D.

DIAGNOSTIC IMAGING CONSULTATION

Name: [redacted] Physician: [redacted] MD

X-Ray #: [redacted] Pat type: E Ward: ER [redacted]

Age: 20 DOB: [redacted]-73 MRN: [redacted] Date: [redacted]-94

Clinical data: MVA

Exam: CERVICAL SPINE & OBLS

[redacted]

The prevertebral soft tissues are normal. The vertebral bodies and their interspaces are intact. The oblique films show the posterior facets and neuroforamina to be normal. There is no fracture or subluxation evident.

IMPRESSION: NORMAL CERVICAL SPINE.

D/[redacted]-94
T/[redacted]-94

signed: [redacted]. [redacted] M.D.

PTOS/di

DIAGNOSTIC IMAGING

_____ M.D.

BEST AVAILABLE

EMERGENCY DEPARTMENT DATA SHEET

ADMIT TYPE & SOURCE: 1 7
PATIENT TYPE: L

[redacted]
SOUTH WEYMOUTH, [redacted]

MED. REC. NO: [redacted]
ACCOUNT NO: [redacted]

PATIENT NAME AND ADDRESS [redacted] PHONE NO. [redacted]	SVC ER	MAR. S	REL [redacted]	INTERVIEWER [redacted]	ADMIT DATE [redacted]/94 ADMIT TIME 15:00
	BIRTH DATE [redacted]/73	AGE 020Y	BIRTH PLACE [redacted]	SOCIAL SECURITY NO. [redacted]	
	RACE W	SEX M	MN		
EMPLOYER NAME AND ADDRESS [redacted], 00000 PHONE NO. OCCUPATION	NEXT OF KIN [redacted]	PHON [redacted] 000	RELATION FATHER		
	EMERGENCY CONTACT	PHONE NO.	RELATION		
GUARANTOR NAME AND ADDRESS [redacted] PHONE NO. [redacted] RELATION SELF	GUARANTOR EMPLOYER [redacted], 00000 PHONE NO.	OCCUPATION			

INSURANCE INFO NO. 1 [redacted]	INSURANCE INFO NO. 2 0000	INSURANCE INFO NO. 3 0000
CERT./HIC NO.	CERT./HIC NO.	CERT./HIC NO.
POLICY NO.	POLICY NO.	POLICY NO.
SUBSCRIBER [redacted] SOCIAL SECURITY NO. [redacted]	SUBSCRIBER SOCIAL SECURITY NO. 000000000	SUBSCRIBER SOCIAL SECURITY NO. 000000000

ALLERGIES	PHYSICIAN ON DUTY [redacted]	ACCIDENT DATE [redacted]/94	TIME 0:00
MEDICATIONS	FAMILY/REFERRING PHYSICIAN	LAST ADM. DATE [redacted]/94	
COMMENTS [redacted]	TRANSPORT [redacted]	PLACE	

E.D. NURSING NOTES/TIME:

890.0, 873.43, 945.26, 944.16, 944.26

SIGNATURE: RN.

TIME	T	P	R	B/P

MEDICATIONS AND DOSE			
TIME		ROUTE	INITIALS

I.V.'S		
TIME		INITIALS

MEDICAL RECORDS COPY

South Shore Hospital Paramedic Patient Report

Date: [redacted]1994 | Log Number: [redacted] | BLS Department: [redacted]

RESPONSE TIMES

Dispatch	15:00
Enroute	15:00
Arrive Scene	15:05
Depart Scene	15:20
Arrive Hosp	15:38

This record will be 2 pages when pts. are treated.

Status
- (•) Transport
- ( ) Cancelled
- ( ) Triage to BLS
- ( ) Unavailable
- ( ) Pt. Refusal

Communications
- (•) Plymouth
- ( ) Cellphone
- ( ) None
- ( ) Boston

Crew Member 1: [redacted]
Crew Member 2: [redacted] Sharon
Crew Member 3:
Crew Member 4:

Unit ID
- (•) SSP 1
- ( ) SSP 2

Dispatch Location: [redacted] | Mileage: 7

Patient Information

Last Name: [redacted] | First Name: [redacted] | M. I. | Date of Birth: [redacted]1973 | Age: 20.3

Sex
- (•) Male
- ( ) Female

Street Address: [redacted] | City/Town: Scituate | Zip Code: [redacted] | S.S.#: [redacted]

Insurance Company: Other | Insurance Number:

Hospital Destination
- (•) Ssh
- ( ) Jordan
- ( ) Cch
- ( ) Other
- ( ) Brockton
- ( ) Quincy
- ( ) Medflight

Patient Exam

Chief Complaint: Multiple Trauma

Past Medical History	Patient Medications	Patient Allergies
None		None
	None	

Patient Treatment

Oxygen
- (•) Yes
- ( ) No

I.V. # 1
- ( ) D5W KVO
- (•) NS KVO
- ( ) NS WO

I.V.# 2
- ( ) D5W KVO
- ( ) NS KVO
- ( ) NS WO

Place EKG strip here
For multiple strips use reverse side of page one

I. V. # 1 by: [redacted] | E.T. tube by:

I. V. # 2 by:

Medical Control Physician: [redacted] | M.D. Signature: [redacted]

Patient Treatment Continued BEST AVAILABLE Log Number from Page 1 [redacted]

Time	Pulse	B/P	R	Cardiac Rhythm	Treatment	Dosage
5:07	90	140/82	20	nsr	Oxygen	mask
5:10					Intravenous	#16 g
5:35	98	142/p	20			

Notes

S/ CALLED VIA [redacted] FOR MVA. O/ UOA FOUND PT. 20 YO MALE SITTING IN AMB. PT. DRIVER OF MV WITH EXTENSIVE DAMAGE TO FRONT END. C-COLLAR PLACED ON PT. PT CAOX3 WITH CC BURNS TO BI-LAT HANDS, L THIGH ANTERIOR,AND FACE. ALL SUSTAINED FROM DRIVER AIRBAG FIRE. NEURO; PT. A&O X3, PERLA, + MOTOR-SENSORY ALL EXTREMITIES, PT. DENIES LOC. RESP; RR @20, PT. DENIES ANY SOB, LUNGS CLEAR = BI-LAT, I&E WNL, OBVIOUS BURNS TO FACE,INCLUDING,SYNGED NASAL HAIRS, NO OBVIOUS BURNS OR SWELLING TO ORALPHARYNX, 02@ 15 LPM VIA MASK, SAO2 @ 99% ON O2, TRACHEA MIDLINE. CARDIAC; HR @ 90 , PT. DENIES ANY C/P, ON PALP, OR INSP. NO SIGNS OF TRAUMA, OR BURNS ON POSTERIOR/ ANTERIOR CHEST. + PULSES ALL AROUND, COLOR PINK, SKIN WARM & DRY. GI-GU; ABD. S N/T, OTHERWISE UNREMARKABLE. M.-S.; HENT INDICATES SMALL LAC. TO CHIN , ALSO LOWER LIP. OBVIOUS FACIAL HAIR SYNGED, INCLUDING BROWS, LASHES, AND NARES. BI-LAT SECOND DEGREE BURNS TO HANDS , WITH SOME SWELLING ,+ PULSES, ALSO SECOND DEGREE BURNS TO L ANTERIOR THIGH. PE OTHERWISE UNREMARKABLE. A/ MULTI TRAUMA. P/ O2, IV, FULL SPINAL PRECAUTIONS, COOL HANDS WITH STERILE WATER, MONITOR SIGNS & TRANSPORT TO [redacted] E/ NO CHANGE ON ARRIVAL @ ER. [redacted]

BEST AVAILABLE

[redacted] DOB [redacted] 73
/94

AMBULANCE MEDICAL NECESSITY FORM

ADVANCE LIFE SUPPORT

Beneficiary's Name: [redacted] HIC No.: [redacted]

(USE OTHER SIDE FOR BASIC LIFE SUPPORT AMBULANCE SERVICES)

Ambulance dispatched to: [redacted] Date: [redacted] 94

Patient taken to: [redacted]

1. Suspected Diagnosis or Presenting Symptoms:

☐ Cardiac Arrest	☐ Chest Pain	☐ Respiratory Arrest
☐ Unconscious	☐ Shock	☐ Burns
☐ Seizures	☐ Respiratory Distress	☐ OD/Poison
☐ Dizziness or Syncope	☐ Other:	
☑ Trauma: Burns- Face, Hands, Lac. → Face		
☐ Acute Medical:		
☐ Chronic Medical:		

2. Emergency Care:

☐ CPR	☐ EOA/EGTA Placement	☐ Extrication
☐ Endotracheal Tube Placement	☐ Bleeding Control	☐ EKG - ☐ Monitor ☐ Telemetry
☑ 0_2/Ventilation and Route	☑ I.V. Therapy	☑ Back/Neck Immobilization
☐ MAST Trousers	☐ Splint/Traction Applied	☐ Defibrillation

3. Other Pertinent Information:

4. Medical Consult:

Physician's Name: [redacted]

Hospital: [redacted]

Physician's Signature: [redacted] Date: [redacted] -94

Ambulance Provider Number:

[redacted] Stock No